

ALABAMA  
DEPARTMENT OF  
PUBLIC HEALTH

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ANNUAL REPORT  
2001



# ALABAMA DEPARTMENT OF PUBLIC HEALTH 2001



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**Marsha D. Raulerson, M.D.**  
Vice Chair, Brewton

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Council on Dental Health  
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**Front Row Seated L to R:**  
Marsha D. Raulerson, M.D.  
George C. Smith, M.D.  
Donald E. Williamson, M.D.

**Middle Row Standing L to R:**  
Ashley C. Cousins, P.E.  
Steven P. Furr, M.D.  
Mike Mikell, R.Ph.  
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**Back Row Standing L to R:**  
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William R. Sternenberg, D.V.M.  
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Photograph by Mark L. Wright,  
September 2001

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The Honorable Don Siegelman  
Governor of Alabama  
State Capitol  
Montgomery, Alabama 36130

Dear Governor Siegelman:

I am pleased to present to you the 2001 Annual Report of the Alabama Department of Public Health. This year the department has demonstrated as never before why we are so vital to our state and nation. Following the events of Sept. 11, the Public Health Department has been instrumental in providing the public with calm assurance of their safety.

Exceptional strides were made throughout the department. The Children's Health Insurance Program, also known as CHIP, had an increased enrollment to over 42,000 children. Several changes were made, such as dropping the date-of-birth requirement and transferring the entire ALL Kids program to the Public Health Department, which increased efficiency and allowed the enrollment process to be reduced from three months to 10 days.

Assisted living measures were adopted which will ensure that these facilities protect and provide high quality health care to their residents. The new laws grant the department legal authority to inspect and regulate both licensed and unlicensed assisted living facilities, raise licensing fees, increase penalties for operating unlicensed facilities and require that administrators have licenses.

Alabama's infant mortality rate for 2000 decreased to the best rate ever recorded, 9.4 per 1,000 live births, an improvement from the 1999 rate of 9.8. The percent of births to teenagers in Alabama declined to its lowest level in at least a decade, 15.7 percent. One disturbing and lingering aspect of infant mortality, however, is the disparity between the races, with the black rate being over twice as high as the white rate.

As the twentieth anniversary of the first reported case of AIDS was marked, the Alabama Drug Reimbursement Program assists nearly 1,000 Alabamians by providing HIV/AIDS medications and hundreds more wait to access the program.

To better understand the health problems affecting Alabamians, the department continued to improve data collection for cancer, head and spinal cord injuries, and immunization.

The Tobacco Prevention and Control Branch also enlisted the aid of community-based organizations to assist in implementation of statewide comprehensive

tobacco prevention and control initiatives for youth.

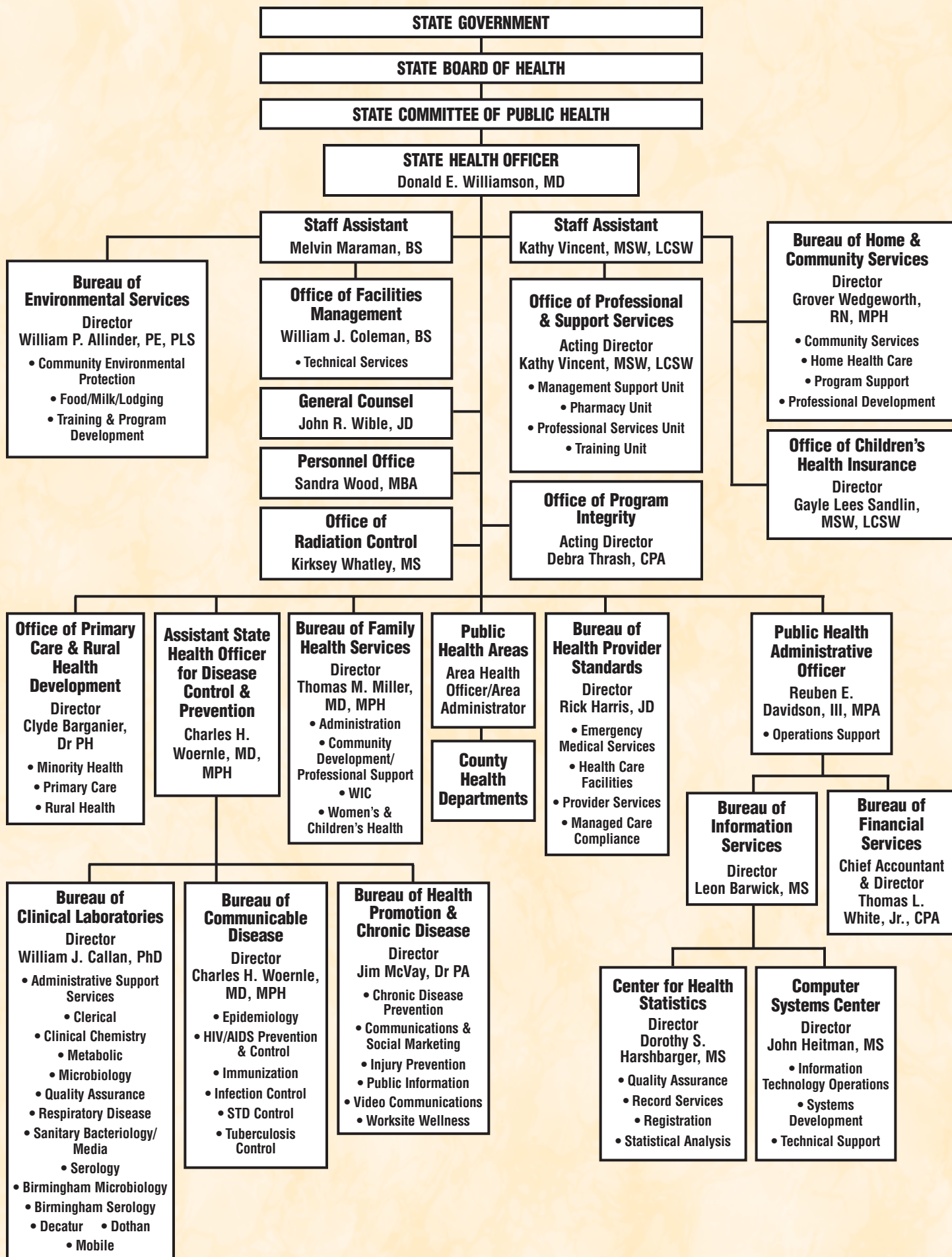
The Plan *first* Program, which provides medical care to Medicaid patients, also continued to flourish this year.

We believe that the Public Health Department will continue to be integral to the public as we make plans to renovate the laboratory so that technicians will be even safer and the lab efficiency will reach maximum ability. And as always, the Alabama Department of Public Health will continue to assure that all Alabamians receive quality health care throughout our state regardless of social circumstances or the ability to pay.

Sincerely,  


Donald E.  
Williamson,  
M.D.  
State Health  
Officer







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# MISSION

To serve the people of Alabama by assuring conditions in which they can be healthy.

# VALUE STATEMENT

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring, quality services.

# AUTHORITY

Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation and public health. The Medical Association of the State of Alabama which meets annually is the State Board of Health. The State Committee of Public Health meets monthly between the annual meetings and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the Committee is not in session.

More than 125 years ago medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to develop a system of hygiene to preserve and prolong life; to plan an educational program for all people on the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

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# BUREAU OF COMMUNICABLE DISEASE

The mission of the Bureau of Communicable Disease is to prevent and control designated communicable diseases and illnesses in Alabama. The bureau consists of the following divisions: Epidemiology, HIV/AIDS Prevention and Control, Immunization, Infection Control, Sexually Transmitted Diseases Control and Tuberculosis Control.

## EPIDEMIOLOGY

The Division of Epidemiology is directed by the state epidemiologist. He and the environmental toxicologist share responsibility for the overall coordination of consultation and investigation of infectious and toxicological problems. The division also contains several small branches: General Communicable Disease, Zoonotic Disease, Public Health Assessments, and Hazardous Substances Emergency Events Surveillance System. In addition, because the environmental toxicologist also functions as the counterterrorism coordinator, a report on

that activity is included under Epidemiology.

## GENERAL COMMUNICABLE DISEASE

The General Communicable Disease Branch is responsible for tracking the occurrence of reportable diseases and conditions, and investigating disease outbreaks and trends. Infections generally associated with food-borne transmission continued to account for the vast majority of disease reported to the division in 2001, including 718 cases of salmonellosis, 199 cases of shigellosis, 175 cases of campylobacteriosis, 228 cases of giardiasis and 79 cases of

**Cases of Notifiable Diseases, by Year, 1996-2001**

Notifiable Diseases	1996	1997	1998	1999	2000	2001
Campylobacteriosis	264	244	186	182	163	175
Cryptosporidiosis	*	*	*	16	12	18
<i>E. coli</i> O157:H7	15	15	23	28	11	15
Ehrlichiosis (Human Monocytic)	*	*	*	2	2	0
Giardiasis	299	364	289	341	224	228
<i>H. influenzae</i> invasive disease	13	19	12	18	14	26
Hepatitis A	217	91	87	52	58	79
Hepatitis B	78	88	73	80	65	84
Histoplasmosis	19	14	28	24	10	1
Legionellosis	5	3	9	6	3	13
Listeriosis	12	8	8	9	4	8
Lyme Disease	9	12	27	16	6	10
Malaria	8	10	6	7	15	6
Meningococcal invasive disease	95	87	51	39	34	33
Mumps	6	9	9	12	3	0
Pertussis	26	35	28	19	21	38
Rocky Mountain Spotted Fever	15	8	13	17	10	19
Rubella	2	0	0	2	4	0
Salmonellosis	507	481	696	602	664	718
Shigellosis	144	283	453	110	106	199
<i>Vibrio vulnificus</i> infection	4	4	4	4	4	6



hepatitis A.

Shigellosis cases were up significantly over the number reported in 2000. This was primarily a result of a large community-wide, daycare-associated outbreak in Jefferson County. Jefferson County accounted for over 55 percent of reported Shigellosis cases in 2001.

Cases of meningococcal disease declined again in 2001, continuing a four-year trend. The numbers of infections with *Vibrio vulnificus*, a bacterium endemic in Gulf of Mexico waters, increased slightly in 2001, and resulted in two known fatalities.

The division continued programs begun in the fall of 2000 aimed at better tracking the influenza season in Alabama. The project included the use of a system of sentinel physicians that reported weekly the number of individuals seen by their practices with flu-like symptoms. This data indicated that Alabama had experienced an extraordinarily light influenza season during 2001.

## ZOONOTIC DISEASE

The zoonoses program is charged with monitoring, controlling and preventing diseases transmitted from animals to humans. The number of cumulative cases of animal rabies in 2001 was 66, the lowest number since 1980. Whereas raccoons usually account for two-thirds of the rabid animals found, because of a canine distemper enzootic over the past two years, the population of raccoons was greatly decreased. As a consequence, only one-third of the rabid animals detected were raccoons.

Disturbingly, three cats and three dogs (all strays) were laboratory-confirmed to have rabies. A review of records over the past 9 years reveals that of 35 dogs and cats found with rabies, 30 of them were strays. Clearly, the lack of effective animal control in many rural areas of the state presents a public health risk because of rabies. Although those were the only domestic animals found with rabies, domestic animals still accounted for two-thirds of the 3,412 laboratory examinations.

Lyme disease was reported in 10 patients, according to the case definition, but CDC still maintains that no reported cases of Lyme disease in the Southeast have yet been confirmed by the Western blot test or culture. Other arthropod-borne diseases included 19 cases of Rocky Mountain spotted fever, five imported cases of malaria in travelers, and one imported case of Dengue fever. Alabama had its first cases of West Nile virus (WNV) in 2001, both in Jefferson County - one fatal. One case of eastern equine encephalitis (EEE) occurred during June in Baldwin County where several horses had also been detected with the virus. One child was diagnosed in Choctaw County with LaCrosse encephalitis.

The Zoonosis Branch collaborated with CDC and 24 cooperators in Alabama in a WNV surveillance project. Following the movement of the novel encephalitis virus as far South as North Carolina, it was expected that the migration of the virus southward with migrating birds would enter Alabama in 2001. Surveillance was very successful: Alabama trapped and tested more mosquitoes than any other affected state. (124,846 mosquitoes 2,872 mosquitoes pools); 775 sentinel poul-

try samples were tested; over 790 dead birds examined plus 162 injured raptors from the Southeast Raptor Rehabilitation Center; 167 horses were monitored. Four horses were found with WNV (all but one recovered) and 59 dead birds were diagnosed with WNV. Of 36 horses and one puppy with EEE, however, all were fatal cases. Six sentinel chickens also seroconverted to EEE in Mobile County.

Although media reports during the year highlighted recalls of delicatessen meats because of *Listeria* contamination, reports in the state were limited to eight cases - about the norm since the disease became reportable in 1988. The state reported 17 cases of cryptosporidiosis in the third year of reporting that protozoan disease. Other foodborne or waterborne zoonoses included 15 cases of *E. coli* 0157:H7 and 14 cases of vibriosis from shellfish. Only one case of brucellosis, histoplasmosis and tularemia respectively were reported. No positive reports were received for anthrax, leprosy, leptospirosis, psittacosis, tetanus or trichinosis in 2001.

## PUBLIC HEALTH ASSESSMENTS

The Public Health Assessments program evaluates hazardous waste sites in Alabama to identify actual or potential public health hazards, determine the extent of risk and populations at risk, and communicate the hazards to the public and other agencies. Through this program, recommended ways to protect public health are communicated to appropriate groups. Hazardous waste sites are usually industrial facilities, landfills, or other locations where hazardous substances, or contaminants, have been acciden-



tally or intentionally released into the environment.

In September 2001, the program completed its ninth year of activity and was approved by the Agency for Toxic Substances and Disease Registry for another five-year project period. During 2001, health evaluations, community involvement, and/or environmental health education activities were conducted at nine sites.

At one of those sites, members of the public are exposed to hazardous substances and extensive work will continue in conjunction with other governmental and non-governmental organizations at the local, state, and federal level. The high level of community concern required development of innovative approaches: The Public Health Assessment program funds and provides training for a community case worker at the county health department who assists clients affected by the site. The program partners with the county health department to begin a county-wide environmental health assessment. This is envisioned to be a two-year process with com-

munity involvement at every stage. Other sites will be evaluated to determine whether this type of assessment may be useful given the situations extant at those sites.

### HAZARDOUS SUBSTANCES EMER- GENCY EVENTS SURVEILLANCE (HSEES) SYSTEM

The Hazardous Substances Emergency Events Surveillance program compiles data on the acute health effects experienced by responders, employees and the general public during accidental and intentional emergency releases of hazardous substances. In the eight-year period between Jan. 1, 1993, and Dec. 31, 2000, 1,404 events involving 1,521 different substances were found to meet the criteria for inclusion into the surveillance system. One hundred seventy-eight of these events resulted in injury to a total of 541 individuals. There was injury in 36 percent of the events where chlorine was present, 15 percent where ammonia was present and 13.7

percent where acids were present. The Alabama program conducted a survey of companies which use ammonia-based refrigeration. The intent of the outreach activity is to reduce the morbidity and mortality resulting from hazardous substances emergency releases as well as reducing the frequency of the events.

### ADPH COUNTER- TERRORISM PREPAREDNESS

The risk of occurrence of terrorist events and their potential for causing illness and injuries were demonstrated by the events of 9/11/01 and the anthrax cases occurring in several states. Although neither occurred in Alabama, the concern about anthrax, the testing of hundreds of environmental specimens for anthrax and the fielding of hundreds of calls about anthrax by members of the Division of Epidemiology and others in the department illustrated how even the threat of terrorism can stress the public health system in Alabama. The department's

**Number of substances released in all events and events  
with victims, by substance category, 1993-2000**

Substance Category	Event		Events with victims		Percent of this substance events with victims
	Number	Percent	Number	Percent	
Acids	175	11.5	24	13.5	13.7
Ammonia	100	6.6	15	8.4	15.0
Bases	102	6.7	9	5.0	9
Chlorine	64	4.2	23	13.0	36
Mixture of Categories	74	4.8	7	3.9	9.5
Other Inorganics	250	6.4	37	20.8	14.8
Paint and Dyes	45	2.9	5	2.8	11.1
Pesticides	88	5.8	7	3.9	8.0
PCB's	32	2.1	0	0.0	0
Volatile Organics	212	13.9	11	6.2	5.2
Other	385	25.2	40	22.4	10.4
Total	1527	100.0	178	100.0	11.7

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response includes plans, drills, and preparations that involves several components of the department.

Terrorist events can either be announced (overt) or unannounced (covert). An unannounced event will only be detected through routine surveillance. During investigation of outbreaks or clusters, investigators need to consider the possibility of terrorism.

If a terrorist event is announced or an outbreak is suspected of having a terrorist cause, the department's counterterrorism response is activated. Such activities are coordinated by the department's counterterrorism coordinator. During an event, he makes sure that the state health officer knows about the situation and which resources to call. In order to be able to assemble a reaction force, collateral agreements have been developed within and across agencies of the Alabama government to be capable of mounting an effective and timely response that maximizes cooperation and efficiency and precludes redundancy and repetition.

In support of detection and evaluation of terrorist events, the Bureau of Clinical Laboratories is upgrading its ability to handle organisms that require Biosafety Level 3 containment. Physical modifications to the facility in Montgomery are being undertaken to provide areas for the analysis of samples requiring higher levels of biohazard safety. Additionally, pulse field gel electrophoresis and polymerase chain reaction capabilities, required by CDC for detection and diagnosis of biological agents of doctrinal significance, are being mastered to permit the department to be able to rapidly and accurately identify suspect samples.

The Health Alert Network, part of the Bureau of Health Promotion

and Chronic Disease, will be responsive to the department during the time of an actual or potential threat by transmitting, through secure downlinks, health information and instructions/training to each local health department in the state. During the preceding year, the abilities of these systems to provide cogent information to practitioners around the state were tested, refined and deemed successful.

A number of activities are ongoing to increase readiness to deal with terrorism. To increase the speed of surveillance data transmission, the Division of Epidemiology is considering secure web-based reporting from laboratories and medical providers. The counterterrorism coordinator maintains contact with others outside the Department that would be involved in response to terrorism. These include the Federal Bureau of Investigation, Alabama Bureau of Investigation, the Alabama Emergency Management Agency and CDC. Included also are officials from neighboring states that might be impacted by a terrorist event in Alabama. Training by the Health Alert Network has moved the focus from initial awareness training to proficiency-type training tailored for specific responder audiences. This type of training is designed for diverse audiences from infection control personnel to those who work in emergency room settings to first responders. Several additional satellite downlink-training events will be conducted to permit access of each local health department and health care providers across the state to information and training presented by the department.

Although the impetus for the above activities have been toward counterterrorism preparedness,

byproducts include enhanced capability of the state to respond to any public health emergency, improved laboratory capacity for other investigations and improved communication between the state office and area and county offices.

## HIV/AIDS PREVENTION AND CONTROL

The goal of the Division of HIV/AIDS Prevention and Control is to reduce the spread of HIV among the citizens of Alabama while increasing survival time and quality of life for those who are already infected. In keeping with these goals, the staff implemented several projects directed toward increasing awareness of HIV prevention for the general public, enhancing collaboration and leadership skills among staff, community prevention and care providers, as well as persons living with the virus.

During 2001 the division implemented an HIV/AIDS awareness campaign for African Americans in response to the state health officer's announcement that HIV/AIDS was becoming a public health crisis among African Americans in Alabama. The campaign was created in collaboration with Alabama State University, a historically black college. The campaign included many components including the creation of a culturally sensitive brochure, billboards and public service announcements. All of the activities concluded in August 2001, with a press conference led by the state health officer and an interested state representative.

This year the division cosponsored with the Alabama AIDS Training and Education Center a

series of consumer/provider trainings. The trainings were attended by HIV service consumers and service providers from across the state. Training topics included organizational and leadership skills, cultural and economic sensitivity, conflict resolution and community inclusiveness. The training was led by a consultant and staff member of Johns Hopkins University School of Medicine. An outcome of this type of training across the United States resulted in the first national consumer/provider training. This national training was convened in November of 2001 with the division director in attendance. A consumer has been selected to represent Alabama at subsequent national trainings.

The Surveillance Branch reported 6,625 cases of HIV infection and 5,627 cases of AIDS in the state as of Dec. 14, 2001. African Americans continue to represent 70 percent of the newly reported cases of HIV infection.

The Direct Care Branch continues to make educational training of consortia across the state a priority. All consortia currently have updated policies, procedures and bylaws in place. Consumer Advisory Board training is available for any consumers desiring to establish a board in their region. Collaboration with key staff of Limestone and Julia Tutwiler Correctional facilities' HIV units has resulted in the creation and use of a prison discharge plan for pre-release inmates. Currently, the Alabama Drug Reimbursement program is serving 1,236 patients with 131 persons on the waiting list. During 2001, the division was able to add approximately 545 names to the list of clients being served. At this time the Alabama Department of Public Health is offering free HIV viral load testing for consumers who do not have any other source of pay-

ment.

## ImmPRINT



Immunization Provider Registry  
with Internet Technology  
1-800-469-4599  
Alabama Department of Public Health

Immunization: Cases of Vaccine Preventable Diseases			
Disease	1999	2000	2001
Measles	0	0	0
Mumps	0	0	0
Rubella	2	4	0
Diphtheria	0	0	0
Tetanus	0	2	0
Pertussis	21	18	37
Polio	0	0	0
Hib <sup>1</sup>	0	0	0
Hepatitis B	86	64	80 <sup>2</sup>
Varicella	Not Reportable		

<sup>1</sup> Hib reported in children 5 years of age or younger.

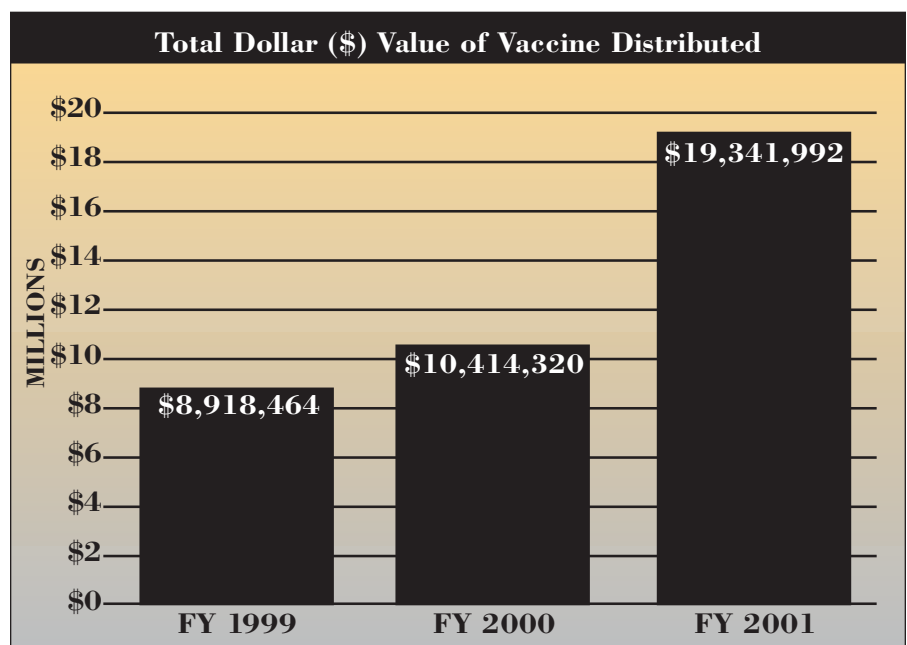
<sup>2</sup> Hepatitis B is given to children 0-18 years of age. Only 4 of the 80 cases were in this age group.

In December 2001, the year end was highlighted with a World AIDS Day Interfaith Service, cosponsored with Montgomery AIDS Outreach, Inc. The public event concluded with a candle light vigil on the Capitol steps. The theme for World AIDS Day was "I Care...Do You?" The vigil included a vivid description of the 20 year history of the AIDS epidemic in Alabama and an address by the founder of the Southern Poverty Law Center.

### IMMUNIZATION

During 2001, the Immunization Division continued its participation in the Vaccines for Children Program, a federal entitlement program that provides vaccines to children who are on Medicaid, uninsured, underinsured, or Alaskan Native or American Indian. Currently in Alabama, there are 524 private and public clinics enrolled in VFC.

The Immunization Division continues to work toward an immunization registry which will make childhood vaccine histories available to all vaccine providers



in the state. This year, the registry was named “IMMPrint” (Immunization Registry for Private Providers with Internet Technology) and a new logo was adopted. During 2001, enhanced user interface screens and reports were developed. IMMPrint is in use in many federally qualified health centers throughout the state and is available for implementation in private provider offices which are equipped with Internet access. Provider enrollment forms are available on the division’s web site.

## INFECTION CONTROL

The Infection Control Section of the Bureau of Communicable Diseases has as its mission to provide infection control and infectious disease training and consultation. These services are structured to meet the needs of the Alabama Department of Public Health and the medical community as well as the general public.

During the year 2001, inservice training was provided statewide, and via satellite teleconference to other states, to a total of 5,188 participants. These individuals included health care providers, from the department, hospitals, extended care facilities, hospices, home health agencies, physician and dental offices as well as other sectors (teachers, day care providers, body artists and various industries).

Alabama’s Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with the hepatitis B virus or the human immunodeficiency virus report

themselves to the state health officer. The purpose of this law is to prevent transmission of these viruses from infected health care workers who perform invasive procedures to their patients.

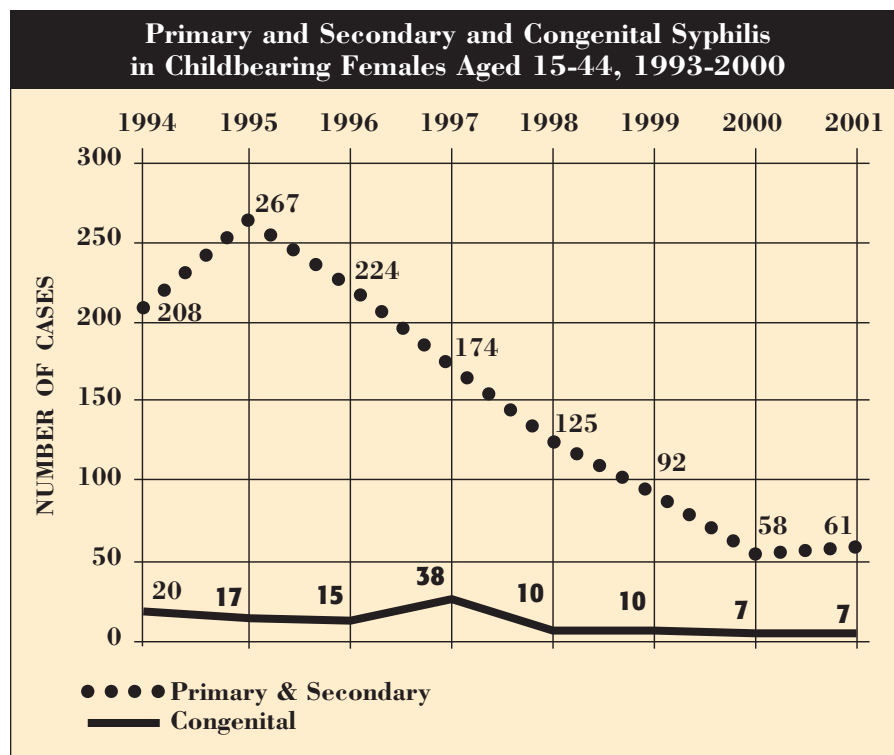
Infection Control personnel provided consultation, initiated investigations, and conducted appropriate follow-up of these reported individuals.

The Alabama Department of Public Health Refugee Health Screening Program ensures newly arriving refugees into Alabama are properly provided health screenings. Infection Control staff coordinate this program to ensure communicable and infectious diseases are not being introduced into the state. One hundred twenty-five refugees from Bosnia, Croatia, Cuba, Egypt, Ethiopia, Ghana, Iran, Iraq, Liberia, Russia,

Rwanda, Sudan, Turkey, Vietnam and Zaire settled in Alabama in 2001. The counties in which they settled are Clay, Jefferson, Lee, Mobile, Montgomery and Shelby.

## SEXUALLY TRANSMITTED DISEASES

During the calendar year 2001, the Sexually Transmitted Disease Control Division documented an equal number of reported cases of total early syphilis with a marked increase in reported infectious syphilis in comparison to calendar year 2000. Even among women of childbearing age there was an increase in the number of reported cases of infectious syphilis. In contrast with syphilis trends, the number of reported gonorrhea and



Sexually Transmitted Diseases	1994	1995	1996	1997	1998	1999	2000	2001
Primary & Secondary Syphilis	661	664	528	409	274	203	123	147
Gonorrhea	15,954	16,128	13,127	11,726	12,756	11,027	12,064	11,112
Chlamydia	508	3,444	8,307	8,520	10,102	12,511	15,321	14,394



chlamydia cases decreased from the previous year. There were an equal number of congenital syphilis cases, seven cases each, for both years.

Reported chlamydia cases decreased by 6.1 percent, with 14,394 cases reported in 2001, as compared to 15,326 cases reported in 2000. Likewise, in 2001 there were 11,112 gonorrhea cases reported, marking a 7.9 percent decrease from 12,064 cases reported in the previous year. In women of childbearing ages (15-44) there was also a noted decrease in reported chlamydia and gonorrhea. In 2001, there were 12,784 reported chlamydia cases to this group, a decrease of 3.8 percent compared to the 13,152 cases reported in 2000. Also in 2001, there were 5,425 reported gonorrhea cases to this group, a decrease of 5.2 percent compared to the 5,719 cases reported in 2000.

There were 342 reported cases of total early syphilis cases reported for both 2000 and 2001. However, the number of reported early latent cases of syphilis decreased from 219 cases in 2000 to 195 cases in 2001, representing an 11 percent decrease. The differ-

ences in the early cases reported can be found in the number of primary and secondary cases reported. In 2001, there was a 19.5 percent increase of reported primary and secondary cases, 147 cases compared to 2000, which had 123 cases. Among women of childbearing years there was an increase of 5.1 percent of primary and secondary cases, 61, compared to 58 in 2000.

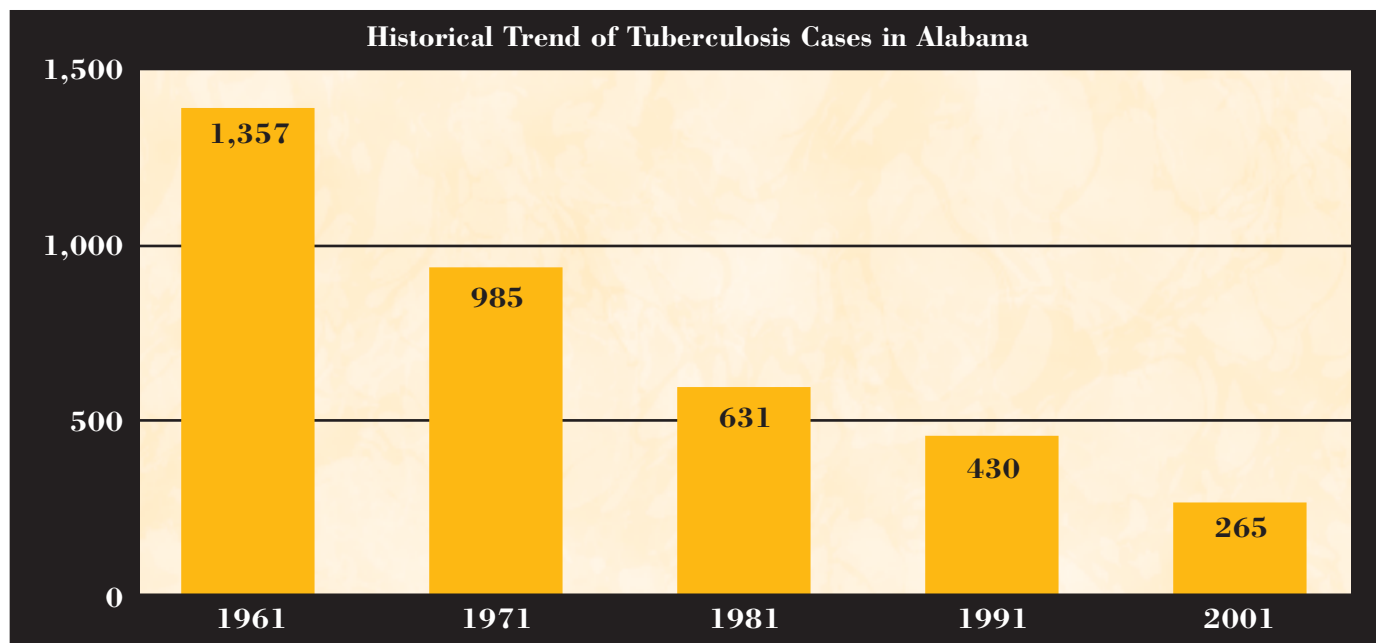
During 2001, there were syphilis outbreaks found in two areas of the state, Etowah and Montgomery counties. In 2000 Etowah County reported four total early cases, but in 2001 there were 26 cases reported. Startlingly, Montgomery County went from reporting 9.6 percent (33 cases) of the total early cases in 2000 to reporting 33 percent (113 cases) of total early cases in 2001. Of the reported primary and secondary cases in 2000, Montgomery County represented 7.3 percent (nine cases). Of the reported primary and secondary cases in 2001 Montgomery County represented 40.1 percent (59 cases).

## TUBERCULOSIS

## CONTROL

The Division of Tuberculosis Control strives to eliminate tuberculosis in Alabama. Until that goal is attained, the department's goal is to prevent the transmission of TB to Alabama's public, and to provide any medications and services necessary to diagnose and treat active TB disease as well as provide treatment for latent TB infection.

In 2001, the Tuberculosis Control Division verified 265 reported cases of TB for the state. This is 45 fewer cases than in 2000 representing a 14.5 percent decrease. This continues an established trend of annual declines in the rate of TB disease in Alabama. To maintain and continue the momentum for this trend, medications will continue to be delivered to at least 90 percent of the TB patients through the directly observed therapy program. Under this program, a tuberculosis control staff member, or other responsible person actually observes and records the patient taking the anti-TB drugs. This practice, continuing to gain widespread popularity in other states, ensures that





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patients receive an adequate and complete course of therapy to cure active disease and prevent the transmission of the tuberculosis bacteria to others. Other field staff activities include contact investigation, training of health department staff and consultation services to other facilities and state agencies.

Alabama's TB control program has consistently met or exceeded all Centers for Disease Control and Prevention program guidelines in areas such as completion of recommended therapy, investigation and examination of contacts and completion of preventive therapy. Alabama is recognized nationwide as having one of the premier TB control programs.

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# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

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The Bureau of Health Promotion and Chronic Disease manages programs related to chronic disease prevention, tobacco use prevention, cancer prevention, disability prevention, communications design, health education, public information, risk surveillance, worksite wellness, video communications and bioterrorism. The bureau's mission is to improve the public's health by reducing risk factors for disease, disability and death through public education and information programs.



## CHRONIC DISEASE PREVENTION DIVI- SION

The goal of this division is to promote healthful lifestyles and behaviors; to educate Alabamians about the benefits of a healthy lifestyle; to provide information on disease prevention related to osteoporosis, cardiovascular disease, asthma, arthritis, diabetes and other risk-reduction programs; to disseminate health-related, information to Alabamians; to conduct a statewide screening program for underserved women; and to conduct a statewide program providing free anti-hypertensive medications to low-income persons with hypertension who have no resources to obtain medication.

## DIABETES

Alabama ranks among the top five states for the percentage of the population diagnosed with diabetes, the leading cause of kidney failure, nontrauma related limb amputations, and adult-onset blindness. The disease also directly contributes to two of the leading causes of death in the state, heart disease and strokes. Current estimates indicate that 287,016 Alabamians in the state are living with diabetes and thousands of those are unaware that they have it.

The Alabama Diabetes Branch works in collaboration with other agencies to prevent diabetes and to reduce complications linked to the disease. The branch provides comprehensive programs and edu-

cational materials to help people with diabetes live longer, healthier lives. Based on national objectives, the branch works to increase the percentage of persons with diabetes who receive the recommended influenza and pneumococcal vaccines, foot exams, eye exams and HbA<sub>1c</sub> tests. The program also promotes good nutrition, physical activity, weight loss and smoking cessation as key factors in preventing and managing diabetes.

Results of surveys conducted during 2001 showed an increase in the percentage of people with diabetes who had the recommended exams, tests and vaccinations. During 2001, health department activities included the following:

- n Coordinated Diabetes Today community coalitions through county health departments in Houston, Jefferson, Mobile, Montgomery and Tuscaloosa counties;
- n Participated in a national diabetes awareness campaign to promote monitoring and control of blood glucose, blood pressure and cholesterol levels among persons with diabetes;
- n Conducted a statewide conference on diabetes care for nurses providing home care for people with diabetes;
- n Coordinated foot care workshops for health care providers at five sites in the state;
- n Provided educational and training sessions, printed information and satellite conferences on

diabetes and related issues.

## HYPERTENSION

Based upon the national estimates of the American Heart Association, diseases related to hypertension carry a direct and indirect cost of more than \$5 billion to Alabama each year. These related diseases include heart attacks, congestive heart failure, stroke and kidney disease. The mission of the Hypertension Branch is to reduce the morbidity and mortality linked to uncontrolled hypertension.

The Hypertension program reaches patients through the local health department's clinics and primary care clinics. Most are joint-care patients, referred to the clinics by private physicians. The clinics provide medication, monitoring and education to the patients and provide progress reports back to the physicians. Full-care patients, seen by contracted physicians in the local health department clinics, receive physicals, electrocardiograms and laboratory work as well as the services provided to joint-care patients.

Each year, the program serves approximately 15,000 patients who could not otherwise afford care. To qualify for services, the patient must have an income less than 150 percent of poverty level, be ineligible for third-party reimbursement and not be under the care of a private physician.

Present funding allows the program to serve less than 10 percent of the state's eligible population. Because it is not likely that public funding will ever be adequate to provide drug therapy to the total in-need population, the program is placing greater emphasis on patient lifestyle modifications (proper nutrition, proper body

weight, smoking cessation and limited alcohol use) through more attractive educational literature and patient counseling.

## TOBACCO PREVENTION AND CONTROL

The mission of the Tobacco Prevention and Control Branch is to implement the Alabama Tobacco Use Prevention and Control State Plan by eliminating exposure to secondhand smoke, preventing youth from starting to use tobacco and assisting those who use tobacco to stop. In addition, the branch collects and disseminates data on youth tobacco use and their beliefs about tobacco, city ordinances, worksite policies, compliance checks and adult beliefs and behaviors about tobacco. The Tobacco Prevention and Control Branch also provides technical assistance and limited funding to the Coalition for a Tobacco Free Alabama, 19 local coalitions across the state and 11 Area Tobacco Control Coordinators with funding from the state and the Centers for Disease Control and Prevention.

### 2001 Accomplishments

- n The branch and the Coalition for a Tobacco Free Alabama sponsored "Alabama's Choice: Tobacco or Health?" the first statewide tobacco prevention and control conference. The two-day conference included well-known speakers. The World Health Organization recognized the conference in a special message to attendees.
- n City ordinances from all cities with a population of more than 2,000 were analyzed for the strength of their protection of citizens from environmental tobacco smoke.

- n The branch disseminated over 600 minigrant requests for application to local youth-serving organizations across the state to address youth tobacco use.
- n An evaluation plan was developed and implemented to monitor progress toward program and state plan goals.
- n Life Skills Training curricula and drug testing strips were purchased. Twelve Life Skills Training sessions were provided. Thirty-six schools will offer Life Skills Training to more than 3,640 students in 3rd-7th grade. Twenty-six schools reaching 650 7th-12th grade students will be conducting drug testing.
- n Area coordinators made more than 2,000 community contacts, presented 264 presentations reaching more than 20,000 people in schools, community groups and associations, conducted 41 local coalition meetings, and distributed more than 71,500 pieces of educational material from June through November.

## CANCER PREVENTION BRANCH

The Cancer Prevention Branch is primarily responsible for implementing the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP). This program provides nocost breast and cervical cancer screening services to eligible women which include a Pap smear, pelvic exam, clinical breast exam, mammogram and diagnostic procedures if indicated. The program targets women primarily ages 40 to 64 who are at or

below 200 percent of the federal poverty level and are uninsured or underinsured. This program does not cover payment for treatment services but has worked with patients to assure that treatment services are available regardless of the patient's ability to pay.

The ABCCEDP was successful this year in promoting a program that would provide coverage for treatment services. As a result of legislation passed in May 2001, beginning Oct. 1, 2001, any patient diagnosed through the ABCCEDP may be eligible for full Medicaid benefits to assist in covering the costs for breast and/or cervical cancer treatment services. To be eligible for the treatment coverage, the patient must have been screened by the ABCCEDP and found to have breast or cervical cancer, have no other credible coverage, be a US citizen or documented resident, reside in Alabama and be less than 65 years old. The program spent much of the past fiscal year working with the Alabama State Medicaid Agency to develop the procedures and guidelines for the program. It is expected that approximately 200 women will be enrolled annually for the treatment program.

The screening program has continued to maintain success and has provided services to almost 18,000 women since October 1996. During this fiscal year (October 2000 September 2001), the program served over 8,700 women. Since the inception of the program in 1996, the number of women served has increased each year. Over 17,700 mammograms and 18,900 Pap smears have been provided through this program. Approximately 51 percent of the patients served are white and 46 percent are African American. Through September 2001, 222

breast cancers and eight invasive cervical cancers have been diagnosed. Over 60 precancerous cervical lesions have been detected.

## CANCER REGISTRY

In 1995, the Alabama Department of Public Health began the planning and implementation phase of establishing a statewide cancer registry. The Legislature passed the Alabama Statewide Cancer Registry Act, Alabama Public Health Law 22-13-30-35, in July 1995, which established the ASCR and requires all health care facilities and providers to report cancer cases within 180 days of admission or diagnosis effective Jan. 1, 1996.

During the past six years, the ASCR has received more than 100,000 reports resulting in more than 90,000 individual cancers reported from the state. Cancer is the second leading cause of death for Alabamians and approximately one out of every three people will be diagnosed with cancer at some point in their lifetime. Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent many cancer deaths. Cancer surveillance enables health professionals to better understand and tackle the cancer burden. Information derived through surveillance, such as that conducted

by the ASCR, is critical for directing effective cancer prevention and control programs and in identifying when and where cancer screening efforts should be enhanced. The registry provides data to determine cancer patterns among various populations, monitor cancer trends over time, guide planning and evaluation of cancer control programs, help prioritize health resource allocations, and advance research.

The registry enables reporting of cancer data by age, sex, ethnicity and geographic region. Comprehensive, timely and accurate data about cancer incidence, stage at diagnosis, first course of treatment and deaths provide useful feedback for evaluating progress toward cancer prevention and control. Data from the registry have been used in a variety of ways but have most often been used to answer questions regarding suspected cancer excesses, to identify geographic regions within the state where cancer prevention and control programs would be beneficial to the local population, to evaluate existing cancer prevention and control programs and to analyze specific types of cancer in Alabama.

Review of colorectal cancer data for 1996-1999 shows that more 9,000 cases have been reported to the ASCR, almost 200 cases each month, with 40 percent being diagnosed at early stage disease, when treatment is most successful. More than 7,000 cases, almost 150 cases each month, were reported for the white population, 42 percent diagnosed at an early stage. In the black

**Age-Adjusted Incidence Rates per 100,000 Persons, 1996-1999**

	<b>Total</b>	<b>White</b>	<b>Black</b>
Alabama	42.7	40.8	45.9
U.S.	43.95	43.5	50.2



**Invasive Cancer Cases and Crude and Age-Adjusted Incidence Rates by Primary Site and Race, 1996-1999**

<b>All Races</b>			
<b>Site</b>	<b>Cases</b>	<b>Crude Rate*</b>	<b>Age-Adjusted Rate**</b>
All Sites	76,544	461.3	380.2
Oral Cavity	2,167	13.1	10.9
Colorectal	9,105	54.9	43.5
Lung	13,180	79.4	64.5
Melanoma	2,664	16.1	13.4
Female Breast	13,193	152.7	120.9
Cervix Uteri	944	10.9	8.9
Prostate	8,938	112.4	104.8
<b>White</b>			
<b>Site</b>	<b>Cases</b>	<b>Crude Rate*</b>	<b>Age-Adjusted Rate**</b>
All Sites	59,475	487.7	369.5
Oral Cavity	1,709	14.0	10.7
Colorectal	7,024	57.6	41.5
Lung	10,784	88.4	66.5
Melanoma	2,119	17.4	13.6
Female Breast	10,319	164.8	120.6
Cervix Uteri	601	9.6	7.7
Prostate	6,231	105.0	88.5
<b>Black</b>			
<b>Site</b>	<b>Cases</b>	<b>Crude Rate*</b>	<b>Age-Adjusted Rate**</b>
All Sites	14,742	335.0	367.4
Oral Cavity	399	9.1	10.2
Colorectal	1,922	43.7	47.0
Lung	2,253	51.2	58.2
Melanoma	28	0.6	0.7
Female Breast	2,524	106.0	105.1
Cervix Uteri	304	12.8	12.3
Prostate	2,275	112.8	153.2
* Rates are per 100,000 persons			
** Rates are adjusted to the 1970 U.S. standard million population (5-year age groups)			

population, almost 2,000 cases, approximately 40 cases each month, were reported, and 36 percent were diagnosed at an early stage. Alabama's age-adjusted incidence rate per 100,000 persons for all races, both sexes and for the white and black populations

respectively, resemble the colorectal incidence rates for the United States.

## CARDIOVASCULAR HEALTH

In Alabama, heart disease has

been the leading cause of death for more than 70 years. In 2001, major cardiovascular diseases, which include heart disease and stroke, accounted for almost 40 percent of all deaths in Alabama. Over the past 10 years, cardiovascular disease has claimed the lives of more than 170,000 Alabamians. In addition, the financial burden of cardiovascular diseases to the state is staggering. The cost of cardiovascular diseases to Alabama has been estimated at more than \$4.5 billion dollars. This figure includes health expenditures and lost productivity resulting from illness and death. As the number of people living with cardiovascular diseases continues to rise and the state's population continues to age, the health and economic burden of cardiovascular disease will greatly impact the health status of this state.

The mission of the Cardiovascular Health Branch is to improve the cardiovascular health of all Alabamians through support for heart healthy policies and community settings that promote cardiovascular health. In 2001, the Cardiovascular Health Branch released the 2001 Alabama State of the Heart Report, outlining the burden of cardiovascular disease in Alabama. In addition, the Alabama Cardiovascular Health Branch, working with a state coalition of health partners, developed a comprehensive state plan for cardiovascular disease prevention in Alabama. This plan focuses on three major priorities for cardiovascular disease prevention: increasing awareness of cardiovascular diseases, minimizing risk behaviors through promotion of heart healthy policies and communities, and promoting access to and utilization of rapid treatment options for cardiovascular disease events. Through support for heart



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healthy environments and targeted efforts at reduction of the major risk factors that lead to cardiovascular disease, such as physical inactivity, high fat diet, smoking, hypertension and diabetes, significant strides can be made in reducing the burden of heart disease and stroke in the state.

## ARTHRITIS PREVENTION

Arthritis is not a single disease that affects individuals in the same manner, but includes more than 100 diseases and conditions. The 2000 Behavioral Risk Factor Surveillance System indicates that 36 percent of Alabamians have some form of arthritis. Persons aged 65 and older are the fastest growing segment of Alabama's population and the impact of arthritis is expected to increase dramatically by the year 2020, as the "baby boomers" age.

In Alabama, the arthritis problem is magnified by a high level of obesity and lack of leisure time and physical activity. Also, there is a shortage of facilities, and properly trained professionals in arthritis treatment, care, education and rehabilitation programs.

To address these issues the Alabama Arthritis Prevention and Treatment Coalition was established with individuals or groups dedicated to decreasing the burden of arthritis. Three annual meetings have taken place.

The coalition has formulated a comprehensive state arthritis control plan. This plan focuses on prevention education activities targeted toward maintaining appropriate weight, avoiding occupational or sports related injuries and increas-

ing physical activity.

Work groups have completed to date: a case-based training module with continuing education units attached, access to a rheumatologist in three rural locations, a Preventive Education for Arthritis in the Work Place Task Force, an educational video for distribution to 14,000 seniors at nutrition sites, a public service announcement, arthritis surveys (children/high risk elderly) and an evaluation plan.

The Arthritis Self-Help Course has been established in a rural, low income, low literacy rate, and medically under-served area in East Wilcox County. Ten people from the community were trained as lay-health instructors. Four classes, each consisting of six sessions, have been provided by these instructors.

## INJURY PREVENTION

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injury through coordination and implementation of health promotion and education programs and special events.

The Alabama Smoke Alarm Initiative, funded by the Centers for Disease Control and Prevention, is a communitybased, injury prevention project which is designed to ensure that areas in Alabama with high fire fatality rates have access to home smoke alarms and receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation plans. Smoke alarms have been provided in seven communities in Wilcox and Perry counties. This year, smoke alarms and information will be provided in three communities

in Bibb and Sumter counties.

The Alabama Trauma Registry collects injury data from all state acute care facilities. The program has been expanded over the past three years. All hospitals are scheduled to report by no later than Feb. 15, 2002. Hospitals receiving greater than 50 head and spinal cord cases annually report electronically using the National Trauma Registry of the American College of Surgeons software. All other hospitals report via paper abstraction. Data entry is completed at the state level. Head and spinal cord injuries are abstracted from the data set and linked with services through the Alabama Department of Rehabilitation Services. The goal for the Alabama Trauma Registry is to evaluate the true burden of injury and to augment and enhance education and prevention at a statewide level.

The Occupant Restraint Program conducts observational surveys at 23 sites in each of 15 counties for a total of 345 sites to determine seat belt usage rates. The seat belt usage rate for 2001 was 79 percent, an increase of 11.7 percent over the 2000 rate of 71 percent. The program also coordinated and conducted the BuckleUp America! poster contest for elementary school children and a traffic safety essay contest for junior high students. Essay contest winners will receive U.S. Savings Bonds. Poster contest winners will be featured in a BuckleUp America! coloring book that is distributed statewide. Staff also provided educational materials at a variety of conferences statewide and served on several committees dedicated to reducing injuries.

Next year, with funding from the CDC, the division will be administering the Rape Prevention and Education Program that pro-

vides funding and support to the Alabama Coalition Against Rape and its 15 rape crisis centers that serve every county in the state. The coalition and the rape crisis centers provide a 24-hour rape hotline, and provide information, education and materials to schools, organizations and communities regarding rape prevention. The division will also be working with organizations across the state to develop a statewide plan to reduce violence against women.

The Alabama State Capacity Building Injury Surveillance Program seeks to reduce the numbers of unintentional and intentional injuries within the state by increasing the state's capacity for injury surveillance by establishing a focal point for injury collaboration and surveillance efforts and developing and supporting public policy and decisionmaking efforts for injury prevention. An injury advisory council has been formed to collaborate with organizations across the state. Efforts are moving toward a statewide injury prevention plan.

Future endeavors include establishing funding to address additional injuries that affect the state including suicide and youth violence.

## COMMUNICATIONS AND SOCIAL MARKETING

In response to the need to evaluate disease prevention educational activities in accordance with funding requirements, in late 2001 the Communications Design Division made the social marketing component of its services official with a name change to Communications and Social Marketing. This service will provide public health administrators

and their community partners with professional marketing methods for improving the cost-effectiveness and efficiency of information creation and delivery. These methods include designing communications and information delivery systems with evaluation components for gathering, tabulating, and interpreting required data for documentation to justify program expenditures for the social marketing of prevention activities to help meet the department's mission.

The division continued to develop the publishing portion of the department website and took important first steps to prepare the site to be a more effective and efficient means of communicating agency structure, services, and partnerships and to be used in conjunction with traditional print, audiovisual, and broadcast methods of information delivery. This included a redesign of the home page and section pages, the development of new navigational and search systems, site use tracking, and content management tools to assure adherence to various departmental policies, timely posting and deletion of pages, and online educational activities. These enhancements will be reviewed, refined, and applied to each section of the site during 2002, and the site will be prepared to provide handicap access, additional dual language features for Hispanics, and other multicultural support. A site marketing plan will also be initiated.

Another web tool with a far-reaching impact on employee time and costs in creating informational and educational materials was introduced with the creation of a standardized online publishing system utilizing both PDF files and an HTML-based editor. This dual system has enabled department and partnering organizations

to create communications through the department's website, eliminating software barriers. An important component of this system is the conversion of the agency's quick copy shop equipment to print PDF files so that department and other documents will not have to be reformatted for different kinds of printers.

Other division activities included television and radio production for Unwed Pregnancy Prevention, Plan First, ALLKids, and WIC. This office also provided state, area, and local programs with focus groups, surveys, and marketing campaigns; displays and other presentational materials for state and national meetings; over 18 million copies and 7,000 bound books through its quick copy shop; desktop access to a new wide format plotter and large-capacity color copier; professionally managed white and Yellow Page advertising; access to professional writers, artists, photography and signage services, educational, marketing, and media consultants; audiovisual support; and the creation and production of hundreds of forms, i.d. badges, calling cards, letterhead, and other administrative materials; reports; manuals; meeting and training materials; charts, maps, and graphs; brochures; flyers; signs; large-scale posters; and specialty items for incentives and miscellaneous job needs such as slide rulers and conversion tools.

## PUBLIC INFORMATION

The goal of the Public Information Division is to improve public health by providing information through the mass media and through departmental publications.

The division provides health information to the news media and agency staff about departmental objectives and activities. In 2001 the division prepared and distributed more than 50 news releases; assisted with news media campaigns for several programs; edited the monthly publication, Alabama's Health; assisted with other newsletters; maintained educational material listings; distributed newspaper clippings and video monitoring reports; and coordinated regular appearances on a television talk show.

The division sent notices and news releases to the news media electronically and through facsimiles based on the media outlets expressed preference. More than 150 news organizations received electronic mail from the department as did area and county public health offices. More than 13,500 faxes were transmitted to the news media, and news releases continued to be published on the department's Internet web site.

Printing costs for Alabama's Health have been reduced and production to distribution time has been expedited by printing in-house. This publication is available in several electronically accessible formats through the department's intranet system and on the agency's web site.

In order to communicate agency objectives and plans to the public and to special target audiences, division staff also composed and edited a variety of publications and worked on numerous projects and promotions. These included reports, fliers, address/telephone rosters, news conferences, proclamations, public service announcements and fact sheets. Initiatives included promoting community-wide health fairs and assisting with numerous

media and in-house releases on public health concerns such as West Nile virus and bioterrorism.

## RISK SURVEILLANCE

The purpose of the Risk Surveillance Unit is to identify and measure the health practices, attitudes and conditions that place adults in Alabama at risk for chronic diseases, injuries and preventable infectious diseases. More than half the deaths that occur each year can be attributed to modifiable health risk factors. The Alabama Behavioral Risk Factor Surveillance System or BRFSS is an annual telephone survey which monitors the health-related risk behaviors among the adult population in Alabama. The information gathered in these surveys is used by public health officials to determine health areas that need to be addressed, to eliminate health disparities and to evaluate success in reducing the prevalence of health behaviors that endanger public health. By providing this information, public health officials can strive for change through programs which promote healthy lifestyles and improved health status for all Alabamians.

In 2000, 2,242 Alabama adults participated in Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- n 25.2 percent classified themselves as current smokers.
- n 80.9 percent of women, age 40 and over, reported ever having a mammogram and clinical breast exam.
- n 21.9 percent of women reported regular and sustained physical activity.

- n 35.7 percent classified themselves as overweight, based on body mass index.

The Risk Surveillance Unit also responds to numerous data requests from within the department, from outside agencies, and news media. Also the data serve as an effective tool in planning for future public health activities and evaluation.

## WORKSITE WELLNESS

The Worksite Wellness Division was established in 1993 to provide active and retired state employees and their eligible dependants with a convenient and cost-free way to have their health status evaluated and to provide assistance with reducing their health risks. With funding from the State Employees' Insurance Board to implement the state wellness program HealthWatch, the division has grown each year.

The division marked new records with the number of participants screened and the amount of wellness activities offered. Participants were screened to determine problems with blood pressure, glucose and cholesterol levels as part of the health screening program. These programs have provided virtually every employee with access to regularly scheduled blood pressure monitoring and counseling.

The HealthWatch program continued the implementation of the Weight Watchers at Work program. Participants with a body mass index of at least 27 attended one or more sessions of the 10-week program to reduce their weight as a means of decreasing their risk of obesity related diseases. Adult immunizations were also provided to participants to

immunize against influenza, pneumonia or tetanus.

HealthWise, a wellness program for public education employees funded by the Public Education Employees' Health Insurance Plan. HealthWise provides health screenings to determine problems with blood pressure, glucose and cholesterol levels. It also provides a colorectal cancer screening for high-risk participants. This program began in October 2000 with thousands of receptive teachers and other covered members participating before the end of the year.

## VIDEO COMMUNICATIONS

The Alabama Department of Public Health continues to lead the nation in the utilization of satellite conferencing to educate the public health workforce. During the past year, the department was able to capitalize on the ability to utilize satellite technology to broadcast emergency communications for both statewide staff and the news media. During a five-day period in October, the Video Communi-

cations Division coordinated three emergency programs regarding anthrax with less than one day's notice for each satellite conference.

In 1991 the department embraced the technology by establishing a new organizational unit to provide in-house video production and satellite conferencing for department inservice training, public relations and educational and informational programs. Now, 10 years later, the Alabama Department of Public Health is the only state public health agency in the country to have both the equipment and staff to produce live satellite delivered continuing education programs. The department infrastructure includes a Ku-band satellite uplink vehicle (purchased in 1995) which is specifically designed for interactive delivery of educational programs via satellite and the office and production suite which includes an edit room, a master control room and a studio. In addition, the department now has 62 county health department facilities that have installed satellite downlink antennas which provides

convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications Division initiated national satellite conference activities and the subsequent development of the Public Health Training Network by working in collaboration with the Centers for Disease Control and Prevention in 1992. Today the network is the nationally recognized provider of public health training and education programs with the Alabama Department of Public Health producing more programs than any other state or federal agency. In 2001, the Alabama Department of Public Health produced 35 continuing education satellite conferences for the network and the national public health workforce.

The department continues to provide video production and satellite conferencing for other Alabama agencies and national organizations. The Video Communications Division was awarded a contract by the American Public Health Association to uplink portions of

**Total Participants Involved and Programs Produced by Video Communications, 1995-2001**

	<b>1995</b>	<b>1997</b>	<b>2000</b>	<b>2001</b>
Total Participants	44,741	47,351	62,250	65,078
Total Programs	44	56	59	66



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the Annual Meeting in Chicago in 1999, Boston in November 2000 and Atlanta in October 2001.

Plans are now being made for the division to travel to Philadelphia to provide a satellite uplink for the upcoming APHA Annual Meeting in November 2002. In addition to APHA, the division produced programs for the Alabama Department of Senior Services, Alabama Board of Nursing, Alabama Hospital Association, Alabama State Bar Association, Alabama AIDS Symposium, Governor's Office, Chronic Disease Directors and the National Laboratory Training Network.

The division continues to utilize the Internet for marketing programs, processing electronic registration for program participants and as a vehicle to disseminate conference packet/handout materials.

The Video Communications Division also produces other projects such as video educational programs, press conferences, television and radio public service announcements. Thousands of videotapes are reproduced and distributed in Alabama and nationally each year.

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# BUREAU OF CLINICAL LABORATORIES

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## CLINICAL CHEMISTRY

The Clinical Services Branch of the Clinical Chemistry Division began viral load testing in September 2001. This testing is offered to health care providers through a collaborative agreement between the Bureau of Clinical Laboratories and the HIV/AIDS Division. Testing for flow cytometry, hematology and clinical chemistry is also available.

The Lead Branch of the division participated in the Environmental Lead Laboratory Accreditation Program and received its accreditation from the American Industrial Hygiene Association in June 2001. With this accreditation for environmental lead analysis of paints, soils and dust wipes, the laboratory is one of only four statewide ELLAP accredited laboratories.

Both clinical and environmental lead testing were provided by the Lead Branch. One clinical blood lead specimen from approximately 2,000 specimens had results within the critical limit range of  $\geq 45$   $\mu\text{g}/\text{dl}$  for lead toxicity. Of the approximate 2,000 clinical blood lead specimens tested, 4.5 percent met the criterion for lead toxicity, lead value  $\geq 10$   $\mu\text{g}/\text{dl}$ . The positivity rate for environmental lead testing was 17.3 percent. A total of 2,589 environmental lead samples were tested, which included wipes with 17.5 percent of total wipes submitted testing positive, 12.2 percent of soils testing positive, 69.8 percent of paints testing positive, and 6.2 percent of waters

testing positive. Of the 17.5 percent positive wipes, 95 percent of all the positives were collected from either window sills or mini-blinds.

## METABOLIC

The Metabolic Division provides testing for the following inborn errors of metabolism: hypothyroidism, phenylketonuria, congenital adrenal hyperplasia, galactosemia and sickle cell anemia (including other abnormal hemoglobins). The Newborn Hemoglobin Branch and Galactosemia Branch tested 60,545 specimens during fiscal year 2001 of which 32 were positive for sickle cell.

In the Adult Hemoglobin Program, 8,363 specimens were tested. The Hypothyroid, Phenylketonuria and Congenital Adrenal Hyperplasia (CAH) Branch tested 60,445 specimens, of which four were identified as positive for phenylketonuria, five for galactosemia, 12 for hypothyroidism and three for CAH.

## MICROBIOLOGY

The Microbiology Division received a total of \$126,643 continued funding for its bioterrorism program. Additionally, the division received \$137,906 for continued funding of the Epidemiology Laboratory Capacity Grant. The staff participated in a required proficiency testing program for bioterrorism by the Centers for Disease Control and Prevention



using *Bacillus anthracis* samples. The appropriate training in the identification of this organism by new methodologies had been conducted months earlier.

The molecular section continues development through training in molecular methods to detect and/or identify foodborne pathogens and other pathogenic organisms as well as acquire appropriate equipment and supplies. The renovation plans to upgrade the section to a Biosafety Level 3+ were given approval by the state health officer.

Changes were made regarding the Urine, Strep and Gonorrhea Culture (GC) Programs. In April 2001, the laboratory system's statewide Urine Program was changed. All urine testing is now performed at the Birmingham Division Laboratory. Since the Dothan Division Laboratory began Gonostat™ testing for the GC Program in April 2001, the Montgomery Central Laboratory returned the appropriate service area counties to them for testing.

Each section in the Microbiology Division has a variety of specimens for testing and identification, but the following sections highlight the organisms of special interest for disease surveillance.

Identification of organisms with special interest in the Parasitology Section included four malaria specimens and all four were *Plasmodium falciparum*. Also, there was one *Shistosoma mansoni* and one *Phthirus pubis*.

The Reference Bacteriology Section identified 32 specimens for *Neisseria meningitidis*. These consisted of: 13 serogroup B., eight serogroup C., 10 serogroup Y., and one was unable to type. There were 15 *Hemophilus influenzae* specimens received for identification and serotyping.

These specimens consisted of one serotype B., three serotype E., four serotype F., and eight were unable to type. Ten known specimens were typed as *Escherichia coli* 0157:H7. Additionally, there were identifications of one *Legionella pneumophila*, one *Actinomyces naeslundii*, and 16 cases of *Bordetella pertussis*, with 13 detected by the fluorescent antibody technique and three by culture.

The Enteric Section reported an 11.7 percent increase in the number of *Salmonella* species and a 43 percent increase in *Shigella* species. Three of the salmonella reported were *Salmonella* sero typhi. The shigella increase may have been due to two outbreaks, which occurred in Jefferson County, one in November 2000, and the second one occurring from March to June 2001.

The Fluorescent Antibodies Section detected two positive *Rickettsia* specimens by the indirect fluorescent microscopy method.

Lastly, the Rabies Section had an 18.5 percent increase in the number of animals submitted for testing with a 60 percent increase in the number of positive animals. The number of domestic positive animals included: one dog, two cats and one cow.

## QUALITY ASSURANCE

The Quality Assurance Division provided training events to both private sector and public health personnel. In January and March, one of our staff was an instructor in sexually transmitted disease laboratory procedures for the state of Georgia. In August, the entire staff helped with the presentations of a national workshop in para-

sitology taught by CDC staff. Newborn screening seminars were presented to hospitals in Alexander City and Anniston.

Quality Assurance personnel presented microscope wet prep training, as well as RPR, gram stain, and darkfield training in Cullman, Pike and Tuscaloosa counties.

Finally, one of Quality Assurance's staff was selected to be a 2001 South Central Public Health Leadership scholar.

## RESPIRATORY DISEASE

The Respiratory Disease Division received 14,128 specimens to identify for mycobacteria and actinomycetes. The Mycobacteriology Section performed 1,385 DNA (deoxyribonucleic acid) probes, 1,661 HPLCs (high performance liquid chromatography), and 624 drug susceptibilities for the identification and drug susceptibility pattern of *M. tuberculosis* and other nontuberculous mycobacteria. The section received approximately 4,235 specimens for fungal identification and identified over 1,114 dermatophytes, 325 yeasts and 852 other fungi, including 12 *Histoplasma capsulatum* and seven *Blastomyces dermatitidis*.

The division continues participation in the Tuberculosis Cooperative Agreement Grant, CDC Tuberculosis Multi-Drug Resistant Susceptibility Study and the National Genotyping and Surveillance Network Grant. In cooperation with the University of Alabama at Birmingham, the division continues to genotype strains of tuberculosis in the ongoing establishment of a DNA fingerprinting library of tuberculosis isolates in Alabama.

The Mycology Section is also continuing participation in the study of significant systemic mycosis conducted by the Medical Mycological Society of the Americas through the Department of Microbiology and Immunology at the University of California in San Francisco.

## **SANITARY BACTERIOLOGY/ MEDIA**

The laboratory reorganized and redistributed the workload in 2001. The Sanitary Bacteriology/Media Division of the Bureau of Clinical Laboratories was assigned the dairy products that had been scheduled for the Mobile Division. This doubled the workload in the Sanitary Bacteriology Section. It also allowed for more efficient use of personnel and supplies. Water samples were not reassigned.

The Media Section prepared 458 different kinds of media for use in the laboratory system. A total of 134,250 Modified Enriched Chocolate Agar plates were prepared for use in the Microbiology Division with the Gonostat™ screening test. The Respiratory Disease Division received a total of 25,852 tubes of Lowenstein-Jensen Medium, as well as 20,708 tubes of Middlebrook 7H11 slants for the tuberculosis section. The Serology Division received 332 liters of media that consisted mostly of physiological saline. The Sanitary Bacteriology Section received 742 liters of media that included 350 liters of dilution blanks and 276 liters of Violet Red Agar and Standard Plate Count Agar.

## **SEROLOGY DIVISION**

The Rh/ABO Section tested 6,782 patients for Rh, ABO and antibody screening. Antibodies were detected on 168 samples with 17 considered significant. These were found to have the potential to cause hemolytic disease of the newborn (HDN).

The Measles Section tested 6,136 patients for rubella and 129 for rubeola. IgM testing was also performed for these diseases with volumes of 11 and 4, respectively. Rubella continues to be a potential problem with Mexican immigrant workers in Alabama's poultry industry due to a lack of previous vaccinations.

The Syphilis Section performed VDRL testing on 43,042 specimens with results of 1,095 reactives and 358 weakly reactives. The relatively new TP-PA (treponema pallidum particle agglutination) test was used as the confirmatory test for syphilis with tests performed on 1,778 specimens.

The EIA Section showed a 1.3 percent rise in chlamydia samples tested as well as a 7.9 percent increase in HIV-1 samples tested over the previous year.

## **BIRMINGHAM DIVISION LABORATORY MICROBIOLOGY**

Overall, the division's workload declined 11 percent during fiscal year 2000. The bulk of the decline can be attributed to the start of Gonostat™ testing in the Decatur Laboratory.

The Sanitary Bacteriology Section participated in the on-site evaluations conducted by the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) for compliance

with federal requirements governing regulatory laboratories. The section also provided proficiency test specimens to seven industry dairy laboratories and one state laboratory. The laboratory evaluation officer inspected two industry dairy laboratories and seven public water utility laboratories for compliance with state and federal regulations.

The Microbiology Section continued its participation in the CDC Gonococcal Isolation Surveillance Program, providing 300 isolates of *N. gonorrhoeae* for surveillance of drug resistance patterns. During fiscal year 2000, urine culture testing for the state was consolidated in Birmingham.

## **BIRMINGHAM DIVISION LABORATORY SEROLOGY DIVISION**

Compared to last fiscal year, there was a slight increase in the number of specimens received for testing. The increase was seen in the number of specimens submitted for HIV and chlamydia testing. There was a noticeable decrease in the total number of positive tests for syphilis serology, HIV and chlamydia.

Influenza season was mild for this fiscal year. Influenza type B was isolated for the first time in several years. The strain was designated Influenza/B/Yamanashi. Influenza type A was also isolated. The strain was designated, Influenza/A/H1N1. Both isolates were consistent with those found nationally.

## **DECATUR DIVISION LABORATORY**

The total specimens received

for all tests for fiscal year 2001 in this laboratory was approximately 29 percent more than last fiscal year.

The division performed 14.5 percent more VDRL tests and 16.6 percent more HIV tests this fiscal year compared to last fiscal year.

Decatur Division Laboratory started performing Gonostat™ tests and gonorrhea cultures for North Alabama county health departments and has received approximately 9,000 specimens since April 2001.

This laboratory no longer performs urine culture tests.

## DOTHAN DIVISION LABORATORY

In fiscal year 2001, the Dothan laboratory began Gonostat™ testing which increased the laboratory workload by approximately 30 percent. The number of positive rabies specimens was down for the second year in a row due to the decrease in the raccoon population. Other testing continued at previous volumes.

## MOBILE DIVISION LABORATORY

The year 2001 brought an end to the decades long history of milk analysis in the Mobile Division Laboratory. In addition to the loss of milk testing, the laboratory ceased urine culture testing and Group A strep testing during a test consolidation arrangement in the Bureau of Clinical Laboratories. Chlamydia testing was begun for six of the eight counties in the Mobile region and for Public Health Service clinics in the Mobile area.

The shellfish lab reported the harmful algal species, *Alexandrium monilatum*, in gulf

water samples as a fish-killing bloom blanketed large areas of the coast and small bays in August and September. Marine Resources of the Department of Conservation, ADEM and ADPH submitted samples to be tested for harmful algal bloom. The Mobile Lab tested Escambia County surface water samples for an EPA water system grant and ditch water studies. The shellfish lab underwent a triennial FDA survey and was found in compliance with the laboratory requirements of the National Shellfish Sanitation Program.

Recreational waters collected from the gulf and public parks along the bay are being tested in a cooperative agreement between ADEM and ADPH. This surveillance resulted in swimming advisories being issued on several occasions as bacteria counts rose to levels associated with increased risk of illness.



# BUREAU OF FAMILY HEALTH SERVICES

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The Bureau of Family Health Services protects and promotes the health and safety of women, infants, children, youth and their families in Alabama through assessment of community health status, development of health policy and assurance that quality health services are available.



## COMMUNITY DEVELOPMENT AND PROFESSIONAL SUPPORT

The Division of Community Development and Professional Support provides technical assistance and professional support to the counties and areas on community development and clinical practice.

### COMMUNITY DEVELOPMENT

The goal of the Community Development Branch is to build the capacity of the county health departments to meet the challenges of the changing maternal and child health care environment. The branch has worked to change the paradigm in which maternal and child health services are conceived and operationalized at the state, area and county levels. The bureau has for the past three years emphasized its new paradigm shift for how maternal and child health services are delivered at the county local staff level. The cooperative agreement serves as the catalyst for broader participation by the county staff to implement local initiatives focusing on “community development.” The paradigm shift augments the provision of direct personal care services while emphasizing the essential maternal and child health services as well. The branch defines community development as a “shift in thinking or mind-set” of direct personal health care services only to include a more global “community capacity-building” perspective, and from state domination of the

maternal and child health care systems to much greater reliance on collaboration, community coalitions and active partnerships at the county local level.

### 2001 Service Activities

- n The Bureau of Family Health Services Community Systems Development grant program provides support for counties to develop and implement community-based initiatives. Technical assistance and training are provided in the areas of program development and evaluation.
- n The fiscal year 2002 cooperative agreement between the public health areas and the bureau was modified to better define community-based activities at the local level. Site visits were made to the 11 public health area teams to identify opportunities for enhancement of the agreement and to gather input by the area staff.
- n Nine “canned” presentations were developed to increase community outreach and public awareness. Program specific presentations include the Children’s Health Insurance Program or ALL Kids, Hypertension and Plan first Family Planning Medicaid Waiver Programs. Preventive health presentations include tobacco, folic acid, infant mortality, osteoporosis, Sudden Infant Death Syndrome and Shaken Baby Syndrome.
- n The bureau’s vision and mis-



sion statement were made available to the public health area team members. Current plans are to make the vision and mission statement more of a daily reality for bureau staff by providing them with plaques displaying the vision and mission statement for their desk as well.

## PROFESSIONAL SUPPORT

The Professional Support Branch provides consultation, program and policy development, training and technical assistance primarily in the areas of clinical practice.

### 2001 Service Activities

- n A contract was negotiated with the Department of Human Resources to provide case management services to teens who present at local health departments for family planning services. The contract was signed in June 2001, and 10 new licensed public health social workers were hired as teen family planning coordinators prior to the end of fiscal year 2001. One hundred twenty-two public health licensed social workers and nurses participated in training for the new program which included psychosocial, contraceptive, STD and HIV information. An Operational Protocol Manual was developed by the bureau social work consultant and approved by the Department of Human Resources. This new program has been approved through September 2002.
- n Public health case managers working in the teen care coordination program also provide abstinence-based sex education in public schools and other sites and facilitate support groups for teens at local health departments and other sites.
- n The Medically At Risk Program was approved by the Alabama Medicaid Agency to provide case management services under Title XIX effective Jan. 1, 1999. The Operational Protocol Manual was developed by the Professional Support Branch social work consultant and approved by Alabama Medicaid. Twenty-three full time public health licensed social workers provided services to Medically At Risk children and their families in 66 Alabama counties upon referral from the patient's primary medical provider or a dentist during fiscal year 2001. The bureau is in the process of hiring a case manager for Jefferson County which will provide Medically At Risk coverage for all 67 counties in Alabama. Training was conducted quarterly for new case managers. Forty-one licensed social workers and nurses participated in the training during fiscal year 2001.
- n The 1115 Family Planning Waiver was implemented on Oct. 1, 2000. The Professional Support Branch social work and nurse consultants worked with Alabama Medicaid to develop the Operational Protocol Manual and support materials for the waiver. Forty-two licensed public health social workers and nurses provided care coordination services in all 67 counties in Alabama during fiscal year 2001. Training was conducted on a quarterly basis for new care coordinators. STD and HIV information was added to the training agenda in 2001. Fifty-five public health licensed social workers and nurses attended training in fiscal year 2001.
- n Maternity care coordination was provided by licensed public health social workers and nurses through subcontracts with Medicaid's primary contractors in 40 counties. Training was provided on a quarterly basis for new maternity care coordinators. Thirty-two maternity care coordinators were trained during fiscal year 2001.
- n Targeted case management continued to be provided by licensed public health social workers for specific diagnoses (sickle cell disease, elevated lead in children under 6 years old). Social workers staffed four UAB sickle cell clinics in strategic locations in the state providing assessments and follow-up services. Targeted case management training was provided quarterly. Thirty-three licensed public health social workers and nurses were trained during fiscal year 2001.
- n The Professional Support nurse consultant worked with the Bureau of Information Services and the Office of Financial Services to streamline the requirements for data entry into the computer system, Public Health of Alabama Clinic Operations Network or PHALCON. This process included collaboration with the Disease Control staff in the areas of STD, TB, Hypertension, Immunization and Diabetes, as well as Bureau of Family Health Services program staff in the Dental and Child Health programs. Significant changes/enhancements were made to the Medicaid billing program. Training of county and area staff in regard to these program-specific revisions was accomplished. As a result of these changes and the training,

numerous billing corrections have been made.

- n The Professional Support Branch hired an additional nurse consultant to assist in the area of clinical policy/protocol development and training. Her expertise in maternal/child health policy development has shown to be a valued asset.
- n The Professional Support nurses worked together with department staff to revise various manuals used by clinic staff. These include the Comprehensive Health Record Manual which houses the medical forms and their instructions used in the clinic setting. This manual was distributed in November 2001. The ADPH Fee Systems Manual is due to be distributed by the end of January 2002. Additionally, the Family Planning Program protocols are in the final stages of revision. County staff will be trained by the end of January 2002. Revisions include new information related to contraception and program management.
- n Professional social work and nurse consultation was provided to public health areas and counties.
- n The Professional Support Branch continued to operate the Healthy Beginnings toll-free help line for pregnancy, child health and family inquiries. The line received 1,741 calls during fiscal year 2001. The InfoConnection toll-free help line is now answered by the Unwed Pregnancy Program. This line also continues to receive family planning calls. Registered nurses, social workers and nutritionists are available for consultation for both

lines.

## ORAL HEALTH

One major success for the Oral Health Branch and for the future state oral health program was the addition of a new state dental director during fiscal year 2001. The branch continued to encourage non-fluoridated water systems to implement the fluoridation of their water supplies throughout the 2001 fiscal year. Success was achieved as the Excel, Pike County, Riverview and Wedowee water systems voted favorably to fluoridate. By doing so, these systems became eligible for federal funding through a \$165,000 grant provided by the Centers for Disease Control and Prevention to the Oral Health Branch. The funding enabled these water systems to purchase necessary equipment to begin fluoridating. Additionally, state funds were provided to qualifying water systems which needed assistance in upgrading their current equipment.

Water systems that actually initiated fluoridation during fiscal year 2001 were the Hamilton and Five Star systems. Hamilton serves 9,729 people, while the Five Star system does not serve homes, but sells its water to other fluoridating systems. With the addition of these two systems, there are now 125 fluoridating systems in Alabama that serve an estimated 3,830,000 citizens, or 82 percent of the population.

Branch staff continued to partner with the county health departments and other bureau and department programs to promote the prevention of oral disease, access to dental care and oral health promotion. Examples of such partnerships included the following: WIC, Women and

Children's Health, the Office of Primary Care and Rural Health Development, the Children's Health Insurance Program, and the Tobacco Prevention and Control Branch. Oral health awareness also increased as collaborative initiatives continued with the Alabama Medicaid Agency, the University of Alabama School of Dentistry, the Alabama Dental Association, the Alabama Dental Society, the Alabama Academy of Pediatric Dentistry, the Alabama Academy of General Dentistry and

## DENTAL SERVICES/ PREVENTIVE PROGRAM ACTIVITY

- 37,221 Patient encounters were recorded in Jefferson, Tuscaloosa and Houston county health department dental clinics. And 8,347 Patient encounters were recorded in Mobile County Health Department dental clinic.
- 39,840 Dental sealants were placed through Jefferson and Tuscaloosa county health department dental programs. (Sealant data were not available for Mobile and Houston counties).
- 1,226 Patient encounters occurred in Auburn and Opelika city schools dental clinics.
- 06 Dental sealants were placed through these school-based programs.
- 21,500 K-6 grade students participated in the school-based fluoride mouthrinse program.
- 21,500 Students received free oral hygiene kits and dental health education programs.
- 250 Dental hygiene students, nurses, social workers, clinic staff and others received dental education or continuing education programs.

other agencies or organizations.

The Oral Health Branch distributed thousands of pamphlets, videos and other types of educational material to teachers, students, parents, nurses, dental professionals and others needing assistance. Staff members also assisted many uninsured Alabamians in accessing dental care.

## WIC

WIC provides nutritious foods, nutritional and substance abuse education, breastfeeding counseling, coordination with and referral to other health and social programs for pregnant women, infants and children who demonstrate nutritional risk, and serves as an adjunct to good health care during critical periods of growth and development.

### 2001 Service Activities

- n Served 111,049 participants on an average monthly basis.
- n Served 27,394 pregnant, breastfeeding, or postpartum women; 34,481 infants; and 49,174 children on a monthly basis.
- n Served approximately 61.9 percent of those in need.
- n Provided more than one million visits for certification, recertification, nutrition education, and food instrument pick-up.
- n Provided 3.5 million food instruments which were used at any of the 880 WIC-approved grocery stores, statewide. This resulted in \$78 million spent in Alabama stores.
- n Monitored 261 grocery stores, trained representatives of 880 stores, conducted 14 compliance investigations, sent 6 sanction/warning letters to grocery stores, and 5 to participants, and collected \$104,616 from

grocery stores for errors/over-charges.

- n Provided training for 460 employees during 2001.
- n Provided 118,675 Farmers Market Nutrition program checks which were used to purchase fresh, locally grown fruits and vegetables from any of the 339 authorized farmers in the 12 authorized counties. Participants spent \$248,952 at 14 authorized Alabama farmers' markets.
- n On-site printing of food instruments, on demand, has resulted in a significant reduction of voided food instruments and has eliminated unclaimed food instruments. This procedure has also streamlined food instrument issuance and eliminated many of the manual procedures for clerical staff at the local clinic level.

## WOMEN'S AND CHILDREN'S HEALTH

### WOMEN'S HEALTH

The Women's Health Branch continued to provide administrative and systems development support and technical assistance to counties and areas on women's health clinical programs and special projects. Women's health programs and projects in year 2001 included Family Planning, Maternity, Perinatal, the Alabama Smoking Cessation Reduction in Pregnancy Trial (SCRIPT), the Alabama Tobacco Free Families Program, the Alabama Unwed Pregnancy Prevention Program and the Uncompensated Maternity Care Project.

The overall goals of the

branch are:

1. Reduce the incidence of pregnancy related mortality and morbidity by ensuring statewide access to quality women's health care services, and
2. Reduce the incidence of unintended pregnancy.

### Maternity

The Uncompensated Maternity Care Project was initiated in 2000 to better understand and serve the needs of those among Alabama's maternity population without private insurance or Medicaid. The goals of the project have been to determine the number and demographics of this vulnerable population; study the level of health care services available to them; and, as needed, help put in place appropriate and accessible systems of care. Annual data show that about 1,400 women are uncompensated maternity patients, that a growing percentage of this number is Hispanic, that these women access care later and less frequently, and that their birth outcomes are poorer than their counterparts' with insurance. The project has encouraged the development, through communitybased coalitions, of local health care networks. Maternal and Child Health Block Grant funds currently support Uncompensated Maternity patients in 20 counties. Approximately 170 patients were served in 2001.

### Family Planning

Direct patient services were provided to approximately 94,000 family planning clients in fiscal year 2001. In October 2000, the Family Planning Medicaid Waiver Program, Plan first, was implemented, expanding Medicaid eligibility for family planning services to women age 19 44 at or below 133 percent of the federal poverty level. Since implementation of the



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program, approximately 78,367 women have been enrolled.

Plan first is a joint effort between the Alabama Medicaid Agency and the Alabama Department of Public Health. The agencies created a team to direct the implementation of the Plan first project. The team met monthly throughout the year to discuss and solve issues related to the program. Each month the Medicaid agency sent over 1,000 letters to women automatically eligible for Plan first. Public health operated a computer based tollfree information hot line which helped over 3,000 women choose a family planning provider and schedule an appointment for services. Also, this agency continued to distribute specifically designed brochures and posters to advertise the program. These were distributed to private medical providers, health departments, and prospective patients.

The program completed its first year and exceeded the program's initial objectives. Plan first increased access to high quality family planning services by 7 percent statewide and reduced unplanned pregnancies within the eligible group serving over 49 percent of those enrolled in Plan first. The program also includes a free psychosocial assessment to determine one's risk potential for an unplanned pregnancy. Those identified by the assessment as high risk are then offered care coordination counseling and education from a trained professional. The care coordination service and accompanying literature are specifically designed to meet the literacy needs of the eligible women. To facilitate the care coordination service, the central office trained 180 social workers to provide this service. These social workers risk assessed over 70 per-

cent of those served and provided care coordination counseling and education to almost 30 percent.

A Family Planning Teen Care Coordination Program was established in the summer of fiscal year 2001. This program is funded through partnership with the Alabama Department of Human Resources and provides care coordination for all family planning teens age 18 and under (teens who are ineligible for the Plan first Program). To date, approximately 3,812 teens have been served through this initiative.

#### Alabama Smoking Cessation Reduction in Pregnancy Trial (SCRIPT) and the Alabama Tobacco Free Families (ATOFF) Program

SCRIPT was a five-year (1997-2001) collaborative project between the University of Alabama at Birmingham and the Alabama Department of Public Health. Based on 10 years of previous studies involving approximately 2,000 ADPH patients, the SCRIPT methods were found to be effective in increasing smoking cessation or reduction rates among pregnant Medicaid smokers. The Bureau of Family Health Services is collaborating with UAB to develop a dissemination plan to train all Alabama Department of Public Health maternity care services staff to deliver the SCRIPT methods as part of routine care. Beginning in fiscal year 2002, the department will implement the SCRIPT model in all clinics providing prenatal care or maternity care coordination. Free inservice training will be delivered in Huntsville, Birmingham and Mobile and provided throughout the state during the next two years.

The collaboration between the department and UAB continues

with the Alabama Tobacco Free Families Program. This is a four-year (August 2000 through June 2004) community-based program using a campaign of media and policy change and a professional practice education component to reduce the smoking prevalence rate of pregnant females whose maternity care is supported by Medicaid in the eight SCRIPT counties. ATOFF's secondary objective is to reduce the smoking prevalence rate of all females of childbearing age (14-44) in the eight counties. Because 80 percent of SCRIPT participants said they lived with at least one other smoker, ATOFF will also focus on male partners and families of these women with the purpose of creating a social environment supportive of a tobacco-free family home. Telephone surveys to determine the prevalence of smoking among women of childbearing age in the eight counties and natural history studies to determine the smoking prevalence rates of all new maternity patients in the 12 participating ADPH clinics have been conducted and results are being tabulated. ATOFF's mass media campaign kicked off Aug. 28, 2001, with a television and radio campaign in Birmingham. The ads offer a free "I Can Quit Kit" available by calling a tollfree number. The kit contains materials to assist in quitting smoking. As of December 2001, the hotline had received over 2,000 calls and requests for the kits.

#### Perinatal Program (State and Regional Perinatal Advisory Committees)

The Alabama State Perinatal Program was established by statute in 1980 to reduce infant mortality and morbidity. The State Perinatal Advisory Committee was formed to advise the state health



officer in planning, organizing and evaluating the perinatal program. Five perinatal regions, based on regional neonatal referral hospitals, compose the regional perinatal health care system of the state. Regional perinatal advisory committees provide representation from each county to advise and inform about regional perinatal issues. During 2001, the State Perinatal Program capacity was enhanced by creating a fulltime staff position, state perinatal director, dedicated to perinatal health. The program continued to fund 23 projects focusing on perinatal concerns in each of the five regions and added statewide initiatives to address the problems of premature birth and birth defects.

#### Alabama Unwed Pregnancy Prevention

The Alabama Unwed Pregnancy Prevention Program is housed in the Women's and Children's Health Division, Bureau of Family Health Services. The program was established and funded in 1999 through a partnership with the Alabama Department of Human Resources to address the issue of unwed pregnancy among women of childbearing age. Since fiscal year 2000, a media campaign has been implemented to encourage parent-teen communication, which includes four public service announcements, a 1800 hotline, brochures and pamphlets, and a web site. Thirtyfour projects statewide continue to receive funding to provide information and activities to reduce non-marital pregnancy through communitybased organizations, churches, schools, health departments and county agencies.

### CHILDREN'S HEALTH

#### Child Health

The Child Health Branch and Quality Assurance Branch are housed within the Women and Children's Health Division in the Bureau of Family Health Services. The children's health programs include the Newborn Screening Program, the Alabama Childhood Lead Prevention Project, Healthy Child Care Alabama, Child Death Review and the Alabama Abstinence Education Program. A new initiative is the Universal Newborn Hearing Screening Program. These programs are involved daily with protecting and promoting the health and safety of infants, children and adolescents within the state.

#### Newborn Screening

The Alabama Newborn Screening Program is a fivepart preventive health care system designed to identify and treat selected heritable disorders that otherwise would become catastrophic health problems. Such disorders as hemoglobinopathies, galactosemia, congenital hypothyroidism/TSH, Phenylketonuria and Congenital Adrenal Hyperplasia were screened on over 60,000 newborns.

The following disorders were identified and referred for treatment: 48 confirmed hemoglobinopathies, two classical galactosemia, 16 congenital hypothyroidism/thyroid stimulating hormone, five classical phenylketonuria two congenital Adrenal Hyperplasia. Followup services were provided for over 900 clients.

Medical consultants at the University of Alabama at Birmingham and the University of South Alabama, primary medical providers, county health departments, and the seven contracted communitybased sickle cell organizations provided support for the

program's goals and objectives to prevent infant mortality, developmental impairment, decreased morbidity, delayed physical growth and other catastrophic illnesses and conditions resulting in death by providing testing for diseases of public health significance, offering diagnostic capabilities, providing private laboratories with reference services, administering regulations, providing education services and providing data to agencies.

#### Newborn Hearing Screening

The Maternal and Child Health Bureau/Health Resources and Services Administration awarded the bureau a grant totaling more than \$700,000 over four years to develop the infrastructure for a statewide universal newborn hearing screening program. The department provided grantsin aid totaling more than \$600,000 to 50 birthing facilities around the state. The grants provided the hospitals the opportunity to purchase equipment and supplies to either enhance or begin a universal newborn hearing screening program. ADPH also committed \$90,000 to Children's Rehabilitation Service to purchase hearing screening equipment for each of its seven districts. The department created the position of newborn hearing screening coordinator.

#### Alabama Childhood Lead Poisoning Prevention Project

During the ninth year of the Childhood Lead Grant from the Centers for Disease Control and Prevention, 324 lead cases were entered into medical and environmental case management and 193 primary and secondary homes of lead-poisoned children were inspected during the year. Followup inspections were completed on all homes where chil-

dren's blood lead levels did not improve in a sixmonth period.

#### Healthy Child Care Alabama

Every day more young children leave home and spend a part or most of their day in some type of child-care setting. The Healthy Child Care Alabama project is based on the principle that families, child-care providers, and health care providers in partnership can promote the healthy development of young children in child-care and increase access to preventive health services and safe physical environments for children. The project is expanding services of four nurse child-care health consultants to eight to provide technical consultation either onsite or by telephone to providers in 40 targeted counties. The consultants provided health and safety education and promoted safe, healthy and developmentally appropriate environments for all children in child-care. Educational initiatives increased awareness in the areas of physical, social and emotional health, and addressed the needs of children with special health needs or who are developmentally delayed. During the past year, more than 2,445 providers, 2,258 children and 197 families have been reached.

#### Alabama AbstinenceOnly Education Program

The goal of the Alabama AbstinenceOnly Education Program, a fiveyear federallyfunded grant program that began in fiscal year 1998, is to reduce the occurrence of sexual activity among adolescents 17 years of age and younger in Alabama. In fiscal year 2001, the program continued funding for 14 communitybased projects. The 14 projects provided abstinence-only education to approximately 35,000 participants

aged 1017 years in 26 of Alabama's 67 counties. Project activities were conducted in private health care settings, educational facilities, and city/county/state social service organizations. The projects used the funds to provide: 1) abstinenceonlyuntilmarriage educational programs, 2) direct services, and 3) educational, recreational and peer/adult mentoring programs. A statewide media campaign consisted of radio/television public service announcements, news releases, project enhancements/incentives, and a web site. Over the fiveyear duration of the grant period, program evaluators are conducting a comprehensive, intensive longitudinal evaluation of each of the communitybased projects and the program as a whole.

#### Child Death Review

Alabama's 50plus Child Death Review teams continued to review the circumstances of unexplained/unexpected child deaths. Several team members were sent to several training conferences around the country to better help them with identification, investigation and prevention of child deaths. These efforts were received very favorably among the teams and have improved the quality of reviews.

The review partnered in a statewide Shaken Baby Syndrome Prevention Program. This program involved billboard advertisements, award winning public service announcements, and informative pamphlets to get out the message "Never, ever shake a baby!" The program has flourished across the state and more and more requests for information are being received.

State Child Death Review Team members are involved with developing a standardized protocol for

child death investigations. These standardized guidelines will help to improve child death investigations and therefore improve capability to prevent needless child deaths in Alabama.

On Dec. 13, 2001, the State Child Death Review Team unanimously approved the contents of the team's first annual report. The report is a twoyear report covering data collected for 1998 and 1999.

#### Clinical Services

The department continues to see a reduction in the number of child health patients who were provided services in fiscal year 2001. A total of 34,664 patients were provided services by county health department staff. These patients made a total of 73,470 visits to local clinics.

#### Quality Assurance

The Quality Assurance Branch audited 11 county health department sites and three private WIC contract agencies during calendar year 2001. The purpose of the audits is to meet federal mandates for evaluation and to measure specific components of clinical care against practice guidelines.

## ADMINISTRATION

#### Epidemiology and Data Management

The Epidemiology and Data Management Branch has two main purposes. The first is to conduct population-based studies pertaining to the health of mothers and children in Alabama. The second is to translate these and other studies into information necessary for allocating resources and for reshaping programs to better promote the health of women and children. The branch's activities during 2001, often conducted in

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collaboration with other groups and with other Alabama Department of Public Health staff, included preparation of the following reports and presentations:

- n The Maternal and Child Health Services Block Grant annual report application, which included updates regarding ongoing maternal and child health needs assessment.
  - n A workshop about performance and outcome measurement, provided to Alabama Department of Public Health area staff.
  - n Measure Up, Alabama: A Manual for Performance and Outcome Measuring, which was distributed to Alabama Department of Public Health area and county staff as a follow-up to the workshop on this topic.
  - n Two slide presentations about regionalization of perinatal care, made to the State Perinatal Advisory Committee.
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# BUREAU OF HOME AND COMMUNITY SERVICES

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*In 2001, the Bureau of Home and Community Services continued to administer the statewide Home Care Program in partnership with county, area and state level staff to fulfill its mission - to ensure the delivery of compassionate and effective health care services in the home and community while striving to be consistently responsive and innovative in meeting the changing health care needs of Alabama citizens.*



This mission supports the mission statement of the Alabama Department of Public Health – to serve the people in Alabama by assuring conditions in which they can be healthy. In the fulfillment of its mission, the Bureau of Home and Community Services works with a cooperative effort on all levels and phases of program operation while at the same time ensuring compliance with federal and state regulations and laws; federal, state and private payor home care program requirements; and the department's business policies and procedures.

Changes mandated by the Balanced Budget Act of 1997 continued to have a tremendous impact on all facets of the Home Care Program. The major impact was the implementation of the Prospective Payment System which instituted a per episode payment rate versus a per visit payment rate. Many home care agencies throughout the country have not survived these changes. The Bureau of Home and Community Services has not only survived, but has also been able to maintain its agency values: integrity, competence, compassion, innovation, excellence, effectiveness and commitment. The Bureau of Home and Community Services operates within the framework of four divisions: the Division of Billing and Support, the Division of Home Care Service, the Division of Community Services and the Division of Quality Assurance/Performance Improvement and Accreditation.

## HOME HEALTH PROGRAM

The Bureau of Home and Community Services is a Medicare-

certified home health agency with 31 subunits. Quality and compassionate home health care is provided to patients with Medicare, Medicaid, private insurance and no payment source. Services available through home health include skilled nursing, home health aide services, medical social services, physical therapy, occupational therapy and speech therapy. All disciplines work together as a team to meet the patient's health needs and provide quality care. The home health aide services of the home health program are fully accredited through the Home Care University of the National Association for Home Care. Approximately 440,000 home health visits were made in 2001 in efforts to assist many Alabama citizens in reaching their optimal health goals.

## LIFE CARE PROGRAM

The Bureau of Home and Community Services through the Life Care Program is a statewide direct service provider of home care services. Life care services are provided under specialized federal and state funded programs for the disabled, poor and elderly, as well as contracts with other payor sources. Life care services can also be purchased by individuals through an Options program. Life care patients are not required to be homebound, and physicians are involved in the patient's care as needed or as required by specific program guidelines.

Services offered by the Life Care Program include: homemaker services, personal care services, skilled respite services, unskilled respite services, companion services, adult day health services and nursing visits.



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In fiscal year 2001, approximately 893,354 hours of services were provided and a meal delivery program was added.

## **COMMUNITY SERVICES**

The Division of Community Services within the Bureau of Home and Community Services functions as an administering agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly and/or disabled Medicaid recipient. Through professional case management services, the client's needs are assessed and an individualized plan of care is initiated. The plan of care will specify the services that are needed by clients to remain at home so long as their health and safety are ensured. The client chooses a direct service provider to provide specified services. In fiscal year 2001, Elderly/Disabled Waiver case managers provided 168,929 hours of case management and recruitment.

## **BILLING AND SUPPORT**

Billing and reimbursement activities are pivotal operations within the Bureau of Home and Community Services. Although a centralized billing system is utilized, billing and reimbursement activities still require input from all levels of Home Care Program staff statewide. These activities include: the collection of billing data at the point of service delivery by visiting staff, billing data reviews by supervisory staff, data entry by support staff, billing data processing, submitting claims and posting reimbursements by the Division of Billing and Support for Medicare, Medicaid and privately insured patients. Fiscal year 2001 saw the transition in Medicare billing from a per visit reimbursement

system to a per episode reimbursement system based on a 60-day episode of care.

The analysis and evaluation of Home Care Program patient census, service delivery and billing data are essential aspects of program support. Information is summarized and provided to administrative and managerial staff to assist them with setting goals and making decisions that promote quality of care and efficiency operations in the provision of services to Alabama citizens. Information is also provided to the fiscal intermediary for cost reporting and auditing purposes in compliance with federal Medicare program laws.

## **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PROGRAM**

The year 2001 marks the end of the second year of operations for the Quality Assurance and Performance Improvement Program. The goal of the program is to provide an organized, systematic, and continuous approach for quality care that will result in improved patient outcomes, customer satisfaction, communication between service providers and customers, clinical performance, documentation, employee job satisfaction, management performance and agency performance reviews. This goal enables all staff to expeditiously identify and resolve issues that may impact upon the quality of patient care. Service satisfaction surveys and quality improvement audits are the principal evaluation tools used to assess the service delivery processes. One addition to the program is the utilization of the new government reports that are obtained from Outcome Assessment Information System (OASIS) data. Indicators of areas for improvement are addressed through education and corrective planning.

## **EDUCATION**

The Bureau of Home and Community Services continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education and inservice training manuals that have been developed over the past five years for all disciplines and most job positions. The bureau plans and produces 12 hours of mandated continuing education for the home health aides and the home attendants each year. Orientation and training are conducted at the local level by the area continuous quality improvement/education coordinator under the direction of and using manuals developed by the Bureau of Home and Community Services. This process supports the philosophy that quality patient care is promoted by training home care staff to perform job tasks and to understand the operation of the work environment.

## **HOME CARE COMPLIANCE PROGRAM**

Since 1999, the Home Care Compliance Program has continued to promote the prevention, detection and resolution of instances of conduct that do not conform to federal and state regulations, rules and laws, the department's ethical business practices, the Home Care Program policies, and private payor's requirements governing the home care industry. Under the direction of the compliance officer, complaints are responded to by conducting audits and investigations where noncompliance is suspected. The compliance officer works with the Office of the General Counsel in resolving compliance issues including applying internal disciplinary actions and reporting to licensure boards for further actions.

# BUREAU OF HEALTH PROVIDER STANDARDS

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*The mission of the Bureau of Health Provider Standards is to ensure that services of licensed and certified health care facilities are provided in a manner consistent with standards which ensure access to and quality of health care.*

## HEALTH CARE FACILITIES

The Division of Health Care Facilities ensures that services of health care providers are consistent with standards of quality health care. Standards to ensure that nursing homes are in compliance with Medicare and Medicaid requirements continue to be enforced.

The federal government has implemented mandatory assessment tools in certified long term care facilities and home health agencies. For the first time, mandates have required the comprehensive collection of health care data in a national repository. During the calendar year 2001, the state of Alabama processed more than 271,000 records from nursing homes and home health agencies. Inspection processes and Medicare reimbursement are based on this data.

The division investigated 273 abuse and neglect complaints. There were 200 allegations of resident abuse and 73 allegations of neglect. Long Term Care surveyed 217 facilities and conducted 234 follow-up visits for certification purposes.

The Clinical Laboratory Improvement Amendment or CLIA is administered by the Laboratory Unit. This unit was responsible for monitoring 2,993 CLIA federal certified laboratories, 287 state licensed independent clinical and 52 state licensed physiological laboratories in 2001. There were 313 CLIA re-certifications and 44 follow-up visits, 51 initial and biennial licensure surveys for a total of 408 surveys conducted.

The Medicare Other Unit, responsible for certification and licensure of home health agencies, hospices, hospitals, dialysis facilities, ambulatory surgical centers, rural health clinics, various types of rehabilitation facilities, portable X-ray units, abortion centers and sleep disorder centers, conducted 107 certification surveys, 49 follow-up visits, 68 complaint investigations, two hospital validations, 24 initial certification surveys and 25 initial licensure surveys.

The Nurse Aide Registry Program tracks 218 approved training programs. The registry has a total of 65,394 nurse aides. There are 30 nurse aides that are on specific time limited sanctions and 702 that have been placed on the abuse register permanently.

The assisted living facilities industry continues to grow. As of December 2001, there are 309 licensed facilities totaling 9,312 beds.

## PROVIDER SERVICES

This division processes initial licensure and certification applications; maintains and distributes the Provider Services Directory; and publishes, maintains and distributes facility licensure rules. The division also processes bed change requests, change of ownership applications and provides consultation to health care providers and the general public relating to health care licensure requirements and certification standards and procedures.

In 2001, the division issued 1,234 annual renewal license certifi-



cates, 102 initial license certificates, 88 change of ownership license certificates and 275 licensure status changes. There are 1,515 facilities or providers certified to participate in the Medicare and Medicaid reimbursement programs. The division certified 48 initial facilities and 39 initial chiropractors in 2001. Additionally, 533 chiropractors are currently certified for Medicare.

## EMERGENCY MEDICAL SERVICES

During 2001, the Emergency Medical Services Division completed the project for implementation of statewide credentialing of all advanced level emergency medical technicians providing care to Alabama's prehospital patients.

All prehospital patients may now benefit by having advanced life support services immediately available to them through the use of treatment protocols which allow advanced level personnel to quickly

initiate lifesaving procedures prior to contacting hospital based physicians for further direction.

## MANAGED CARE COMPLIANCE

The Division of Managed Care Compliance jointly regulates health maintenance organizations with the Alabama Department of Insurance and monitors selected activities of HMOs and organizations offering supplemental Medicare and health care services to Medicare beneficiaries.

In addition, the division regulates utilization review agents and is responsible for the department's emergency/disaster response and preparedness program and the medical planning portion of the Chemical Stockpile Emergency Preparedness Program. The CSEPP Program assists citizens in the Anniston area to be prepared for events occurring from the destruction of chemical weapons.

## 2001 Service Activities

### Managed Care Organizations

- For the year ending September 2001, there were 174,579 enrollees in the five licensed HMOs in Alabama.
- The division performed a total of 13 surveys of HMOs. Of these, one was a comprehensive statutory survey, seven were follow-up or focused surveys and five were data or file audits.
- The division received and investigated 489 HMO enrollee complaints and 118 HMO provider complaints.
- The division received and reviewed 731 requests for material modifications (changes to HMOs' operations); and one application for a service area expansion.
- Two plans surrendered their certificate of authority and one plan was placed in liquidation by the Department of Insurance.
- The division reviewed and trended a total of 16 quarterly reports from both the HMOs and Medicare Select organizations.
- A total of eight organizations, of which three were also licensed HMOs, offered supplemental Medicare coverage through Medicare Select products. One application for a service area expansion was received from the Medicare Select organizations. For the year ending September 2001, the organizations reported 172,560 individuals were enrolled in Medicare Select products.
- Three HMOs contracted with Centers for Medicare and Medicaid (formerly Health Care Finance Administration) to provide health care services to Medicare beneficiaries. One

<b>Permitted ambulances inspected.....</b>	<b>418</b>
<b>Licensed transport services inspected .....</b>	<b>147</b>
<b>Advanced Life Support services permitted.....</b>	<b>294</b>
<b>Individual EMT licenses processed and issued .....</b>	<b>7,395</b>
<b>EMT licensure exams administered .....</b>	<b>2,447</b>
<b>EMT training institutions accredited.....</b>	<b>30</b>
<b>EMS education review courses reviewed and approved .....</b>	<b>37</b>
<b>Individual Continuing education records reviewed and approved.....</b>	<b>8,031</b>
<b>EMS continuing education courses reviewed and approved .....</b>	<b>345</b>

application for a service area expansion was received and approved. For the year ending September 2001, 52,998 individuals received Medicare benefits through an HMO Medicare+Choice program.

**Utilization Review**

- In 2001, the division certified 120 utilization review agents.

**Emergency Response**

- In 2001, emergency staff duty officers received and responded to 26 emergency calls. Eight of these calls were referred to the Bureau of Environmental Services for action; one was referred to Radiation Control; and seven were Anthrax related and were referred to the Epidemiology Division.
- Maintained and tested disaster related equipment regularly.
- An emergency staff duty officer responded to the State Emergency Operations Center in Clanton due to Tropical Storm Barry.

**Chemical Stockpile Emergency Preparedness Program**

- Participated with the Alabama Emergency Management Agency in exercise/drills.
- Completed the emergency plans for nine hospitals in the CSEPP planning area.
- Achieved 100 percent completion of the Calhoun County Medical Emergency Operations Center (MEOC). The MEOC is operational, and final training will be completed in 2002.
- Achieved 75 percent of the creation of the MEOC in Etowah County. Final training will be completed in 2002.
- Achieved 50 percent of the creation of the MEOC in Talladega County.



# OFFICE OF RADIATION CONTROL

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*The Office of Radiation Control ensures the protection of the public from excessive exposure to ionizing radiation through a variety of activities, including registration and inspection of equipment that produces ionizing radiation including particle accelerators, of users of radioactive material, environmental monitoring, maintaining continuous radiological emergency response capability, and public and professional education activities.*



## 2001 Service Activities

### X-RAY REGISTRATION AND COMPLIANCE

- Registered 382 new tubes.
- Inspected 2,906 X-ray tubes.
- Inspected 155 mammography facilities.
- Reviewed 180 radiation shielding plans.

### RADIOACTIVE MATERIAL COMPLIANCE

- Inspected 142 licenses for compliance to standards for usage of radioactive materials.
- Inspected 9 particle accelerator facilities.
- Mailed 286 information packets on radon.

### RADIOACTIVE MATERIAL LICENSING

- Issued 24 specific licenses, 329 specific license amendments and 37 particle accelerator registration amendments.

### EMERGENCY PLANNING AND ENVIRONMENTAL MONITORING

- Collected 841 environmental samples.
- Participated in four nuclear plant emergency planning drills.
- Participated in four hospital radiological emergency response drills.
- Trained 317 radiological emergency response workers.
- Responded to 29 incidents involving radioactive material.

# BUREAU OF ENVIRONMENTAL SERVICES

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*The bureau enhances the quality of services and products of food, milk and lodging establishments and enforces rules relating to sewage disposal, solid waste, vector control, indoor air quality and lead assessment.*

## TRAINING AND ENVIRONMENTAL PROGRAMS

This unit serves as a facilitator for the Bureau of Environmental Services by providing structured training through workshops, seminars and conferences for bureau and county personnel. Each year, the Training Unit coordinates the mandated Basic Environmentalist Training Course which is designed to educate newly hired public health environmentalists on the interpretation of the rules and regulations. The Training Unit assisted with the annual Onsite Sewage Treatment and Disposal Conference. This conference (with more than 300 individuals attending from throughout the United States) was organized more than 11 years ago to educate industry, business and governmental professionals about onsite treatment and disposal concepts and practices. Two FDA Workshops were presented this year. The FDA Food Protection Workshop was held in Birmingham and the FDA Effective Presentation Workshop was held in Mobile. Both workshops allowed individuals throughout the U.S. to come together in an educational arena and receive the necessary skills to perform their job duties.

## FOOD, MILK AND LODGING

The safety of food sold at retail in Alabama, and of food, other than red meat and poultry, processed in Alabama, is the responsibility of the environmental staff of the county health departments and of the Division of Food, Milk, and Lodging at the Central Office. This division promulgates rules and regulations affecting safety and sanitation of tattoo

and lodging facilities in the state and also issues guidelines for the inspection of prisons and jails. The division administers and enforces sanitation rules for milk and seafood. Rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, hotels and camps are enforced by the county health departments' environmentalists. The division consists of three branches: Food and Lodging, Milk and Seafood

### Food and Lodging Branch

The county environmentalists and the Food and Lodging Branch began a completely new program in 2001. The Legislature passed a law (in the Code of Alabama as Section 22, Chapter 17A) which became effective in August 2000. Under the new law, the department was given authority to promulgate rules for facilities where tattooing, body piercing or branding are done. An advisory committee was assembled and development of rules ensued. Members from the body art industry, medical, dental, nursing, and environmental health fields were represented on the advisory board. The Bureau of Environmental Services promulgated *Rules for Body Art Practice and Facilities* that went into effect on May 4, 2001. Since the initiation of these rules, much training of body art operators and environmentalists has been done in body procedures, infection control, and general sanitation. At the end of the licensing process, there were 96 licensed body art facilities in Alabama and over 200 body art operator permits issued. During this initiation period, there were 929 "encounters" with industry personnel or the public, either in office or field visits, recorded by the county environmentalists as the program was put into effect.

State law requires any facility



selling food to have a permit from the county health department. The Rules for Food Establishment Sanitation require food facilities to be inspected up to four times per year on a routine basis, depending on the type of food being prepared and the amount of preparation steps involved. Hotels and camps are inspected two times per year.

County health departments conducted 56,154 inspections at food establishments; in addition, 3,451 inspections were made at temporary food establishments such as food booths at fairs and festivals and 4,948 inspections were made for other reasons. The county health departments issued 8,572 legal notices in association with inspection and enforcement activities related to food safety.

County health departments investigated 3,638 complaints from the public concerning food or food establishments and made 1,485 inspections of hotels and camps.

## Milk

Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are also important dietary components for Alabamians. To help ensure the safety of milk and milk products, sanitation inspections are routinely conducted at dairy farms, milk processing plants, bulk milk haulers and bulk milk tankers. Milk is routinely sampled and tested for compliance with bacterial and chemical standards from the time it leaves the cow until it is on the grocery store shelf. When out-of-state plants ship dairy products into Alabama, they are issued permits and their products are also tested for compliance with bacterial and chemical standards.

In 2001, the Milk Branch conducted 71 pasteurization equipment tests; 665 dairy farm inspections; 75 milk, frozen dessert, and cheese plant inspections; and 102 bulk milk hauler and tanker inspections. The branch collected 2,860 raw (before pasteurization) milk samples; 3,489 pasteurized

milk samples, 494 milk samples to test for aflatoxin, a carcinogenic mold; and 78 dairy products to test for the presence of *Listeria monocytogenes*, a pathogenic microorganism. A total of 11 milk tankers containing 524,733 pounds of milk were disposed of due to antibiotic contamination.

## Seafood

With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The seafood industry of Alabama plays a vital role in the state and coastal economies with a finished product value of approximately \$350-400 million. The Seafood Branch ensures that seafood processing establishments meet food safety standards and that shellfish are harvested from approved waters.

Program accomplishments during 2001 include; 1) filling vacant environmental positions; 2) expanding harmful algal bloom monitoring to include gulf beaches; 3) adding new communication equipment; 4) adding new computer software to improve data base maintenance, and; 5) providing training to the industry in good manufacturing practices.

The Seafood Branch of the Alabama Department of Public Health administers five major programs;

- Classification and sampling of Alabama shellfish growing waters;
- Permitting, inspecting and sampling of shellfish processing plants;
- Permitting, inspecting and sampling of blue crab processing plants;
- Permitting, inspecting and sampling of shrimp and fish processing plants;
- Special studies of vibrios and dinoflagellates in shellfish growing waters.

During 2001, 272 bay water samples and 10 bay oyster samples were collected for bacteriological analysis.

Mobile Bay was ordered closed to

shellfish harvesting twice for 33 days due to possible fecal contamination from excessive fresh water flow via the Mobile river system.

Forty-five shellfish, 21 blue crab and 47 shrimp and fish processing firms were issued permits. There were 325 inspections and 435 field visits conducted. A total of 119 seafood processing water samples were collected for bacteriological analysis.

Ten bay water and shellfish samples collected to determine levels of *Vibrio vulnificus* and 56 bay water samples were collected to determine the presence of harmful algal blooms (dinoflagellates). Levels of vibrio were highest in the summer months and no harmful algal blooms were detected.

Seafood Branch staff provided department representation on the following:

- Interstate Shellfish Sanitation Conference
- Auburn University Sea Grant Program
- Mobile Bay National Estuary Program
- Technical advisor on Coastal Protection
- Gulf of Mexico Public Health Program
- Gulf of Mexico Harmful Algal Bloom Program

In addition, the branch director served as an expert environmental witness for the Baldwin County District Attorney and the FBI.

Hazard Analysis Critical Control Point based inspections and *Vibrio vulnificus* education remain a key focus of the Interstate Shellfish Sanitation Conference and the Food and Drug Administration. Alabama continues to address both of these key issues.

## COMMUNITY ENVIRONMENTAL PROTECTION

### Soil and Onsite Sewage

The division and branch carried out programs to protect the public health and water resources from onsite sewage disposal system pollution. These included the meetings of the Alabama Onsite Sewage Management Committee, a consortium of representatives of government, business, and higher education, chartered under the Alabama Non Point Source Management Program; continued support for training at the Alabama Onsite Wastewater Training Center at the University of West Alabama; joint presentations of three septic tank and alternative workshops in North Alabama; and progress toward the drafting of new onsite sewage rules to replace the current Chapter 420-3-1, with 10 meetings attended by industry and regulatory personnel.

The department continued to provide assistance in a number of training programs to include training conducted at the Alabama Onsite Wastewater Training Center at the University of West Alabama and training around the state for the licensing of septic tank installers, manufacturers and pumpers in coordination with the Alabama Onsite Wastewater Board and Alabama Onsite Wastewater Association.

A new law was passed giving the department the authority to regulate public and private onsite sewage management entities including their economic viability to become effective Jan. 1, 2002.

Permits to install for onsite sewage systems .....	19,410
Onsite sewage systems installed .....	19,471
Training participants.....	4,256

### Solid Waste

The Solid Waste Branch provides technical assistance to county

environmentalists who work in the solid waste and septage management and vector control programs. Local activities include investigation of vector control complaints and unauthorized dumps, the permitting/ inspection of transfer stations, processing facilities, garbage collection vehicles and the permitting and inspection of septage/grease land application sites. Many counties also enforce local mandatory garbage collection programs and review applications for certificates of exception for such programs. In 2001, the duties of the Solid Waste Branch were expanded to assisting county environmentalists with vector control issues. A vector is an organism that is capable of carrying or transmitting a human pathogen, or human disease-causing agent, from one host to another, such as flies, mosquitoes and rats. Vector complaints are usually a result of the mismanagement of solid waste or septage and therefore correlate closely with solid waste and septage regulatory activities.

Unauthorized dumps inspected.....	2,891
Transfer/processing facilities inspected.....	70
Septage management facility inspections .....	104
Collection vehicles inspected	820
Certificates of exception reviewed/issued .....	2,808
Vector complaints investigated .....	2,318

### Indoor Air Quality/Lead

This branch provides information on issues related to indoor air quality, lead-based paint or other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require the training and certification of individuals and firms engaged in lead identification, risk

assessment and remediation activities in pre-1978 housing and child-occupied facilities. Branch personnel also provide support for the Alabama Childhood Lead Poisoning Prevention Project; a program to identify children with elevated blood lead levels through screening by local health departments and private physicians, and to provide environmental surveys to identify sources of lead hazards and recommend methods to eradicate the hazard. This program ensures proper medical treatment or case management is undertaken by a responsible authority and prevents lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch no longer provides onsite investigations of indoor air quality problems. However, the Indoor Air Quality/Lead Branch remains as the EPA-designated state indoor air contact providing advisory service for those who request it and provides indoor air quality and asbestos information and printed materials upon request.

### Lead Contractor Certification Program Activities

Certification of firms to conduct lead-based paint activities .....	48
Inspection of lead abatement project sites.....	57
Visits to housing authorities for compliance assistance.....	31

### Childhood Lead Poison Prevention Program Activities

Lead outreach (Inspections and Awareness) workshops .....	60
Inspection of homes with confirmed cases of children with high blood levels .....	199
Environmental lead sampling of dust, soil, water and paint chips (approximately) .....	2,632



# OFFICE OF PROFESSIONAL AND SUPPORT SERVICES

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## MANAGEMENT SUPPORT

The Management Support Unit supported a number of important department initiatives during 2001. Staff worked with various department units in developing and implementing strategic operational plans such as the Clerical Strategic Operation Plan for hiring and retaining clerks in county health department clinics which was approved by the state health officer in December 2001.

Staff continued to provide managerial support to the CDCfunded project, "Public Health Preparedness and Response to Bioterrorism," coordinating meetings of the department's bioterrorism task force and administering the contract with the University of Alabama at Birmingham. Staff participated in the intense planning and coordination necessitated by the 9/11 attack and the anthrax scare.

The Management Support Unit continued to provide leadership in the Workforce Development project, facilitating the department's Workforce Development Committee, and working closely with other department units such as Health Administration, Video Communications and Communications Design as well as schools of public health at Tulane University and UAB and the state health departments in Arkansas, Louisiana and Mississippi. Highlights of accomplishments during 2001 included completion of the first training video in the series, development of a facilitation plan to support training with the first two videobased courses, piloting of the "Learning to be a Distance Based

Learner" course and formalization and naming of the Workforce Development project, hereafter to be known as PHASES, Public Health of Alabama Staff Enrichment. PHASES provides a variety of opportunities for public health workers not only through training but through internal and external internships and job shadowing experiences.

The Management Support Unit also supported the department through management of the Records Disposition Authority, grants resource development and grant review and the Policy Clearinghouse. The Comprehensive Health Record was revised and a new edition readied for distribution by the end of the year.

## TRAINING

The department training coordinator, working within the Management Support Unit, collaborated with interdepartmental and intradepartmental groups to provide quality education for all employees. Workshops were organized and managed through Auburn University at Montgomery, Alabama State University, Emory University, UAB, State Personnel and the TechnaCenter, as well as private companies. Fourteen live workshops were produced and presented; 12 distancebased/satellite learning conferences were organized. Distance learning opportunities were provided through satellites each month and continuing education credits awarded to appropriate professionals. The ADPH training calendar continued to be published as an efficient marketing tool for keeping



staff aware of training opportunities.

The department training coordinator participated in planning for PHASES, lending technical expertise and knowledge. A videotape was organized and made available to train staff at the central office level and in the public health areas on the new Health Insurance Portability and Accountability Act.

## PHARMACY UNIT

In 2001, the public health pharmacy director participated on the department's bioterrorism task force and coordinated development of Alabama's procedures for ordering and processing a special stockpile of drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event.

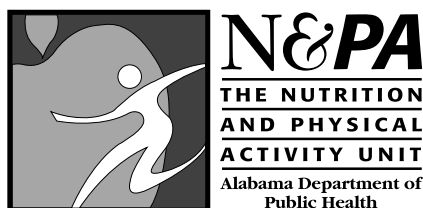
The Pharmacy Unit provided consultation and assistance in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis and home health. Assistance was also provided in the rescheduling of drugs and the Controlled Substances List.

The Pharmacy Unit continued to consult and coordinate with all public health units, including county health departments and other agencies on medication-related and pharmacy-related activities. These activities included, but were not limited to, distribution issues, clinical information, drug scheduling, purchasing and legal issues.

The Pharmacy Unit coordinated obtaining drugs for indigent patients. Assistance was also provided in coordinating professional education satellite programs for nurses, pharmacists and physicians. The unit also provided medication reviews for state employees which enhanced their knowledge about their medications.

During 2001, the Pharmacy Unit provided internship experiences to six pharmacy students.

## NUTRITION AND PHYSICAL ACTIVITY



A Nutrition and Physical Activity fact sheet was developed which provides statistics and information on leading disease states related to nutrition and physical activity. The sheets provide helpful tips on individual and community actions needed to address the problems.

The Nutrition and Physical Activity Unit received the Association of State and Territorial Health Officials' 2001 Vision Award for the Food and Fitness: Healthy Habits for a Lifetime program. The annual award is given to an innovative program that promotes healthy lifestyles. The Food and Fitness program, offered to health department employees, continues to promote healthy food and physical activity choices. Each employee meets with a registered dietitian for dietary counseling, weekly classes, receives email health messages and participates in group competitions. The program promotes sound nutrition and physical activity messages that are easily incorporated into daily living as healthy lifestyle choices.

The unit coordinated establishment of two farmers market nutrition programs with funds from the Alabama Cardiovascular Health Program directed at reducing racial and ethnic disparities in cardiovascular disease. Pine Apple in Wilcox County and Uniontown in Perry County are isolated towns with reduced access to fresh fruits and vegetables. The goal of both programs was to increase availability of fruits and vegetables and their consumption as part of a heart healthy diet. In partnership with the UAB Center for

Health Promotion, the Alabama Farmers Market Authority and the Alabama Cooperative Extension System, local farmers markets were set up and supplied by local growers. Community health advisors in these counties garnered community acceptance and support. They also implemented health education campaigns on the benefits of a diet rich in fruits and vegetables. The Uniontown Market has now been integrated into the Alabama Senior Farmers Market Program, a statewide program funded by the U.S. Department of Agriculture. The Pine Apple market will be integrated into the program next year. Integration into the federally funded senior program ensures long term presence of the markets in these communities.

The Nutrition and Physical Activity Unit was responsible for coordinating the Osteoporosis Task Force and the activities completed for the grant. Among the activities completed, the International Society for Clinical Densitometry's certification course for physicians and technologists was offered during June 2001 in Birmingham. Additional support for this two-day course was received from the UAB School of Medicine's Division of Continuing Education, the UAB Center for Metabolic Bone Disease, and Procter and Gamble. Eightyseven participants nationwide completed the course.

A partnership with the Department of Transportation provided the opportunity for the unit to promote the Alabama Walk Our Children to School endeavor. The unit provided physical activity handouts for prewalk rallies and reward certificates for participating schools.

The unit received a subcontract from Auburn University to provide medical nutrition therapy to health department patients who were not receiving nutrition counseling through the WIC program; to provide nutrition education to targeted county and city schools; and

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to provide limited social nutrition marketing for the population at large in Limestone County. Medical nutrition therapy for the hypertension clinic, community nutrition classes and programs for local schools were completed. During 5 A Day Month, fourth grade students wrote and performed a food group rap song for school classmates. They have also enjoyed learning about nutrients in the food groups, planning body building meals and even learning how to select foods from restaurants in Italy, China and Mexico.

The unit continues to promote nutrition and physical activity through various formats. A physical activity web page was developed providing updated health tips and activity facts on a monthly basis. Inter- and intra-agency partnerships allow for consistent messages to the public. Partnerships, such as with the Nutrition Education Program of the Alabama Cooperative Extension System, the Alabama Nutrition and Fitness Coalition, Department of Transportation, Department of Education, Governor's Commission on Physical Fitness, various health professionals' associations, the Alabama Diabetes Council, the Alabama Cardiovascular Health Coalition and the Alabama Osteoporosis Task Force, have worked to increase awareness of the importance of healthy lifestyles.

## **NURSING**

In 2001, the Public Health Nursing Unit continued to work with state, area and local health departments to assure the provision of high quality nursing services to Alabama citizens. The unit provides a liaison to the Alabama Board of Nursing and representatives to work with departmental programs and committees to maintain professional standards of nursing care. The unit is available to offer guidance and support for public health nursing as the

role of public health evolves and changes to meet the needs of the public. The unit works with other government agencies, professional organizations and academic institutions to provide information and resources for the promotion of public health in Alabama.

The nursing unit serves as the department contact for the U.S. Department of Health and Human Services Region 4, Office of Women's Health and continues to participate in ongoing initiatives to promote women's health. A nursing representative worked with the Young Women's Health project into its second year, serving as mentor for young women as they complete projects to produce communitybased interventions focused on women's health issues addressing young women. Nursing representatives work with professional organizations, academic institutions and other governmental agencies to provide resources and information on nursing and public health issues.

## **SOCIAL WORK**

In 2001, the Public Health Social Work Unit, along with the program consultants, area social work directors, managers and county staff, provided case management services to citizens of all ages. The array of services included the Plan *first* and Teen Family Planning Programs, Maternity Case Management Program, Medically at Risk Case Management Program, the Children with Special Health Care Needs Program, the Elderly and Disabled Waiver Case Management Program, Home Health Medical Social Services Program, HIV/AIDS Case Management Program and the Breast and Cervical Cancer Case Management Service Program.

The unit was responsible for assuring that a system of professional public health social work practice is in place, worked in conjunction with

other supervisory staff and the Alabama Board of Social Work Examiners to ensure that professional standards of practice were maintained. To support that goal, inservice training for professional development was consistently offered with contact hours needed to assist staff in maintaining licenses, as well as to increase professional practice skills. The unit also actively participated in national, state and local initiative organizations, such as the Association of State and Territorial Public Health Social Workers, as well as other public health service related organizations in order to take part in the development of public health social work initiatives and to encourage collaboration building which enhances public health social work standards as well as the nation's public health.

A computer program, with the support of Information Services, has been developed to capture all public health social work program documentation and reimbursement requests for public health social work. This care coordination program, once fully implemented, will increase accuracy and time efficiency for public health social work staff across the state. The new public health social work web page recently added to the department's web site will increase the general public's awareness of public health social work services. It will also enhance efforts to recruit new staff. The site offers visitors an opportunity to review the Public Health Social Work Goal and Method, Public Health Social Work program service options and to contact area social work directors and central office staff regarding questions and employment opportunities.

# OFFICE OF CHILDREN'S HEALTH INSURANCE

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*The Office of Children's Health Insurance was designed to decrease the number of children in the state who are without health insurance.*

At the end of fiscal year 2001, 39,240 children were enrolled in ALL Kids, which reflected a net increase of 12,179 children from the beginning of the fiscal year. In addition to surpassing its enrollment goal, the program made several important changes in its enrollment unit, eligibility rules and benefit structure. Further accomplishments were also realized in the areas of outreach, program monitoring and general program administration.

One of the biggest changes in the enrollment component of the program was the transfer of the entire ALL Kids enrollment unit from the State Employees' Insurance Board to the Alabama Department of Public Health, CHIP unit. Additionally, several changes were made within the enrollment unit which increased efficiency. Organizational changes resulted in a decrease in application processing time from three months to 10 days. A monumental revision to the enrollment data system resulted in not only greater efficiency in processing applications, but allowed a finer degree of program monitoring and general program administration.

During fiscal year 2001, the requirement for date-of-birth verification was dropped. This requirement had, in the past, proven to be a barrier to parents and had necessitated additional staff time for the program.

The ALL Kids benefit package was enhanced on the recommendations of providers, families and the emergence of medical improvements. These benefit enhancements

included coverage for a new immunization (Prevnar), increased coverage for routine examinations, and expanded contraceptive coverage.

The program continued to refine outreach efforts that had proven successful in the past and to structure new endeavors. Outreach continued statewide through the public schools utilizing partnerships with school nurses. The program also continued to partner with county health departments, the Covering Alabama Kids project, and all interested civic organizations. ALL Kids continued to develop and pursue other avenues of outreach including, but not limited to, supporting activities initiated on the federal level, supporting grassroots community events, school health events, and community outreach projects. Some specialty items were purchased and used in these efforts. CHIP also added a decentralized outreach component by establishing two regional director positions with multi-county responsibilities. Also, during fiscal year 2001 and continuing in fiscal year 2002, CHIP began to contract with outreach consultants to focus on hard-to-reach or specialized populations. These populations include: adolescents, Native Americans, faith-based groups and small businesses. Applications and other materials were translated into Spanish and the program continued to employ bilingual staff.

To better monitor the program, CHIP contracted with the University of Alabama at Birmingham to conduct three surveys: (1) New Enrollee Survey, (2) Continuing Enrollee Survey, and






(3) Disenrollee Survey. UAB analyzed the results of all three surveys. The results indicated that ALL Kids was successful in each of the areas surveyed: high degree of family satisfaction, improved access to health care and improved child health status.

The program successfully re-bid its insurance vendor contract and awarded contracts (beginning Nov. 1, 2001) to both Blue Cross/Blue Shield of Alabama for statewide coverage and to the United Healthcare for coverage in 14 counties:

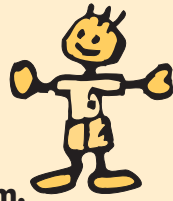
- Autauga
- Baldwin
- Bibb
- Blount
- Chilton
- Cullman
- Elmore
- Jefferson
- Macon
- Mobile
- Shelby
- Tallapoosa
- Tuscaloosa
- Walker




# GOOD NEWS

## for Alabama's Parents

**Now when your children are sick,  
injured or just need a check-up,  
you can get quality medical care for them.**











# ALL Kids







## Health Insurance you can AFFORD

**ALL Kids** is a no-fee or limited fee, comprehensive health insurance program for children under age 19.


**Your children may be eligible if they are:**

-  Under age 19
-  Alabama Resident
-  U.S. Citizen or eligible immigrant
-  Not in an institution
-  Not eligible for dependent coverage under state employee's insurance
-  Not covered by or eligible for Medicaid

**Some of the benefits include:**

-  Regular check-ups
-  Sick child doctor visits
-  Prescriptions
-  Dental and eye care
-  Hospital and physician service
-  Limited mental health/substance abuse services

**No exclusions for pre-existing conditions**



FOR APPLICATION INFORMATION

# 1-888-373-KIDS (5437)

Se, habla español.

ALL Kids is administered by the Alabama Department of Public Health

ADPH CHIP 3.6/00 (a/04)

# OFFICE OF PRIMARY CARE AND RURAL HEALTH DEVELOPMENT

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*The Office of Primary Care and Rural Health Development facilitates and participates in activities to improve accessibility of primary care and promotes the health status and attainment of stable health care services for rural residents with special concern for minority and other medically underserved populations.*

## MINORITY HEALTH

Acknowledging the diverse and changing demographics of Alabama, the Minority Health Section views the multicultural population as a resource and health care challenge. Efforts to remove language and cultural barriers to health care, as well as gather an understanding of the cultural beliefs and health practices of Alabama's ethnic population, provided the Minority Health Section an opportunity to partner with several other agencies and institutions. The section disseminated more than 450 Latino health surveys to garner the underlying barriers to health care throughout Alabama on behalf of the Latino American Association. The section was a co-host for the satellite conference, "Bridging Linguistic and Cultural Barriers." This training featured the most current technology for over-the-phone interpretation to help the public health workforce improve communication with the limited English proficient population in Alabama.

The section also facilitated the department's participation in co-sponsoring a series of three programs on cultural competency and a training program for health professionals to provide culturally and linguistically appropriate health care services.

The section served as the state grantee to administer the National Health Service Corps scholarship program in community health which provides primary health care experiences in a community setting for health professions students. The

University of Alabama at Birmingham School of Dentistry became part of the academic network, and 10 dental students were added to the multidisciplinary team which includes medical and social work students, nurse practitioners and physician assistants. They work in designated health professional and medical shortage areas throughout the state.

## PRIMARY CARE

The National Health Service Corps increased Alabama's State Loan Repayment Program grant from \$100,000 to \$150,000. Subgrants ranging from \$20,000 to \$70,000 were provided to primary care physicians and general or pediatric dentists willing to locate in critical shortage areas of the state, with local health care organizations providing 50 percent matching funds to reduce educational loan indebtedness. One physician and one dentist received this award in 2001.

The office facilitates new data and other Health Professional Shortage Area designation and designation update information for primary, dental and mental health care disciplines. Sixty-two of Alabama's 67 counties have current primary care designations, 60 have mental health designations, and all counties are currently designated as dental health shortage areas for the low-income population.

Administration of the National Health Service Corps Program resulted in approval of 122 practice sites and recruitment of 17 health



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professionals. Limited federal funding means only about 15 percent of Alabama's demand for these placements are being filled.

Primary care activities included close collaboration with the State Area Health Education Center Program, a federally subsidized program to improve recruitment and retention of health workers through a focus on training and educational activities at the regional or community level.

Participation with the Southern Rural Access Program includes encouraging collaborations through joint funding requests. In public forums led by renowned facilitators in strategic planning, participants included residents from eight rural counties who identified strategies which their communities could use to support local recruitment and retention efforts.

## **RURAL HEALTH**

Rural communities continued to rely on the recruitment of foreign-trained physicians as their principal source of primary and mental health care services when they were unable to hire American physicians. Presently, 80 foreign-trained physicians are fulfilling their J-1 Visa Waiver service obligations, and applications are in process for an additional eight physicians. A reporting system has been implemented to ensure these physicians are in compliance with waiver requirements including a commitment to seeing all patients regardless of their insurance coverage status or ability to pay for services. A significant improvement in the retention of these physicians was noted, with approximately 50 percent electing to remain after their

mandatory service obligation as compared to only 20 percent previously. This improvement is attributed to enhanced retention programs within the communities and to better recruitment screening and hiring selection by prospective employers. Consultations with rural employers, candidate physicians, and immigration attorneys continued to be the most formidable tasking of the J-1 Waiver Program with approximately 780 verbal/written encounters conducted during the year. Additionally, over 3,000 hits were recorded on the office's J-1 web site.

Work continued to help bridge the gap between rural health providers and specialized medical care through the use of telecommunications technology. A 'watch' was established for announcements or private and federal telemedicine initiatives such as the recently implemented Medicare payments for teleconsults, and a ListServe was developed to facilitate timely awareness of these initiatives by rural health providers. Efforts also continued to help rural health providers avail themselves of reduced telecommunications rates under the federal Universal Service Fund initiative.

New projects include a hospital performance project and state network development project. The office is also working with the Alabama Cooperative Extension System through Rural Health Works to demonstrate the economic contributions derived from a rural community's health sector. The Medicare Rural Hospital Flexibility Program provided financial support to 10 smaller rural hospitals to conduct assessments, network planning, EMS integration and quality assessments.

# BUREAU OF INFORMATION SERVICES

*The Bureau of Information Services provides vital record functions and statistical analysis of health data through the Center for Health Statistics. It also includes the Computer Systems Center, which houses data operations, systems and programming, technical support and the support desk.*

## CENTER FOR HEALTH STATISTICS

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued through all 67 county health departments. Customers can obtain most vital records from the Center for Health Statistics through their county health department in 30 minutes or less. Records may also be obtained through the mail in about 10 to 14 days.

The Statistical Analysis Division in the center conducts studies and provides analysis of health data for public health policy and surveillance. Staff prepare various statistical analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce and other demographic and health-related data for the state and its geographic subdivisions. This information is distributed through numerous publications, reports, presentations, special tabulations, the department's web site and by telephone to the public, news media, researchers, government or private agencies and various units within the department.

### 2001 Service Activities

- Issued more than 408,000 certified copies of vital records with more than 265,000 of these

records requested through local health departments.

- Coded, keyed and scanned more than 182,000 new vital records into the vital records data base.
- Prepared 1,800 new birth certificates after adoption and 2,800 after paternity determination; filed over 300 delayed birth certificates; amended more than 4,200 birth certificates and over 1,200 death certificates.
- Processed more than 600 requests for copies of information from sealed files due to a law which allows adoptees to obtain copies of their original birth certificates.
- Filed more than 8,900 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Received more than 99 percent of birth certificate data through electronic transmission using the Electronic Birth Certificate software installed in 67 hospitals throughout the state.
- Made more than 800 visits to county health departments and vital record providers such as funeral directors, hospital and nursing home staff, county coroners, medical examiners, physicians and probate judges.
- Keyed electronic index records for more than 5,400 old death records and 96,100 marriage records.
- Received more than 79,000 phone calls from customers requesting vital record information about obtaining Alabama birth, death, marriage and divorce certificates through the automated telephone system which





provides recorded information 24 hours a day.

- Conducted studies and analyzed vital events data for geographic areas throughout the state.
- Produced four volumes of statewide data, tables, figures and graphs on pregnancy, birth, infant mortality, causes of death, marriage and divorce trends.
- Provided healthrelated vital statistics information and expertise to the public; the news media; governmental, educational, and private agencies; and other offices in the health department.
- Produced special reports on dementia and Alzheimer's Disease in Alabama and the United

States, prostate cancer deaths in Alabama and births to unmarried women in Alabama.

- Designed and implemented a Center for Health Statistics web site to provide Internet access to statistical reports, tables, and graphs and to provide information for obtaining vital records in Alabama. Vital records forms and instructions are available to be downloaded.
- Responded to more than 1,000 requests for statistical information and analytical assistance.
- Provided Alabama vital events data to the National Center for Health Statistics for inclusion in national statistics.

- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS) (a grant from the Centers for Disease Control and Prevention to study factors related to pregnancy and infant health in Alabama).
- Presented professional papers at the Southern Demographic Association annual meeting and published a paper on postneonatal mortality in the *Annals of Epidemiology*.
- Provided computerized birth certificate data to the Social Security Administration to initiate Social Security numbers for 61,446 newborns.

#### VITAL STATISTICS RECORDS 2000

ESTIMATED POPULATION	4,447,100	RATE/PERCENT	
Births	63,166	14.2	(Per 1,000 population)
Births to Teenagers	9,916	31.4	(Per 1,000 females aged 10-19 years)
Low Weight Births	6,154	9.7	(Percent of all live births)
Births to Unmarried Women	21,663	34.3	(Percent of all live births)
Deaths	44,967	10.1	(Per 1,000 population)
Marriages	47,087	10.6	(Per 1,000 population)
Divorces	24,630	5.5	(Per 1,000 population)
Induced Terminations of Pregnancies	11,695	12.0	(Per 1,000 females aged 15-44 years)
Infant Deaths	594	9.4	(Per 1,000 live births)
Neonatal Deaths	369	5.8	(Per 1,000 live births)
Post Neonatal Deaths	225	3.6	(Per 1,000 live births)

#### ALABAMA'S LEADING CAUSES OF DEATH – 2000 AND 1999<sup>1</sup>

CAUSE OF DEATH	2000			CAUSE OF DEATH	1999		
	RANK	NUMBER	RATE <sup>2</sup>		RANK	NUMBER	RATE <sup>2</sup>
Total All Causes		44,967	10.1 <sup>3</sup>	Total All Causes		44,720	10.7 <sup>3</sup>
Diseases of the Heart	1	13,354	300.3	Diseases of the Heart	1	13,343	320.1
Malignant Neoplasms	2	9,772	219.7	Malignant Neoplasms	2	9,484	227.5
Cerebrovascular Diseases	3	3,177	71.4	Cerebrovascular Diseases	3	3,132	75.1
Accidents	4	2,097	47.2	Accidents	4	2,230	53.5
Chronic Lower Respiratory Diseases	5	2,043	45.9	Chronic Lower Respiratory Diseases	5	2,170	52.1
Diabetes Mellitus	6	1,315	29.6	Diabetes Mellitus	6	1,332	32.0
Influenza and Pneumonia	7	1,130	25.4	Influenza and Pneumonia	7	1,205	28.9
Nephritis, Nephrotic Syndrome & Nephrosis	8	933	21.0	Nephritis, Nephrotic Syndrome & Nephrosis	8	980	23.5
Alzheimer's Disease	9	891	20.0	Alzheimer's Disease	9	772	18.5
Septicemia	10	778	17.5	Septicemia	10	687	16.5
All Other Causes, Residual		9,477		All Other Causes, Residual		9,385	

<sup>1</sup> Rates will differ substantially between 1999 and 2000. The 1999 population estimates were six percent lower than the number of people counted in the 2000 census. Because the 1999 population estimate undercounted the population by approximately 278,500, rates for 1999 are artificially high. Additionally, 1999 and 2000 deaths are coded using the Internal Classification of Diseases 10th revision (ICD-10). Earlier publications showing mortality data under ICD-9 (years 1982 through 1998) will differ substantially from those under ICD-10 because of changes in coding rules, changes in category names and, importantly, changes in the tabulation lists used to produce data under ICD-10.

<sup>2</sup> Cause – specific rate is per 100,000 population

<sup>3</sup> Total rate is per 1,000 population.

## COMPUTER SYSTEMS CENTER

In 2001, the Computer Systems Center launched a number of initiatives to improve the information technology used by the department. The linchpin project was the upgrade of the Wide Area Network. In concert with the State Information Services Division, the center upgraded the statewide Wide Area Network, connecting all county public health locations together with near real time data links. The Wide Area Network upgrade increased the transmission speeds by 5 to 15 times at each site, giving employees better access to the Internet, e-mail and many application systems. A second initiative completed in 2001 was an upgrade to the RSA Tower network which gave the central office users much higher speed access. Both of these projects position the department to begin using centralized databases for clinics, home health and other core public health systems, improving the bioterrorism alert capability and allowing streaming video for education and training.

The Children's Health Insurance Program made a strategic decision to phase out the State Employee Insurance Board information system, which it had used for three years. In its place, the Computer Systems Center developed and put into service a new system to handle enrollment and benefit management for children who qualified for the program.

In order to increase the participation in the Women Infants and Children program, the Bureau of Family Health Services requested the center develop a major software enhancement to the PHALCON (Public Health of Alabama County Operations Network). The new enhancement will allow clinics to issue benefits to the WIC recipients

for three months at a time instead of two months. Once implemented, recipients will only have to return to the clinic quarterly for appointments, resulting in greater client satisfaction and increased productivity in the clinic WIC staff. The center developed and tested the three-month issuance enhancement during 2001.

Final touches were put on the Statewide Immunization Information System, now called ImmPRINT, to make it a fully accessible internet-based immunization registry system. The new system allows private providers and schools to access the registry database. This development puts Alabama in the forefront with one of the best immunization registries in the nation.

Working with the Center for Health Statistics, the Computer Systems Center developed and fielded a new web-based mortality statistical query application. This new Internet application provides a means for users throughout the nation to select various criteria and create tables showing frequencies of Alabama residents' deaths. In addition to the mortality application, the center developed a new web-based death tracking system to aid in tracking new death certificates coming from the county to the state office.

In response to the requirements of the Bureau of Health Provider Standards, the center launched a Document Imaging and Management Project. CSC developed, tested and implemented a system to image and electronically store survey and inspection documents. Health Provider Standards expects to scan over 1 million documents annually to enable surveyors and clerical staff to retrieve and send electronic copies of the documentation to their federal agency and attorneys when required.

Additionally, the project will greatly reduce the time spent filing and retrieving documentation each day in the execution of staff duties.

The Office of Professional and Support Services worked closely with the center this past year to define and develop a totally new care coordination system to support the 300 case managers working throughout the state. This new Lotus Notes-based system provides online documentation of the care provided to clients and captures the billing data needed to recoup costs from Medicaid and other third parties. The new system was tested and debugged in the central office and users found it greatly improves their productivity. Additionally, billing errors will be reduced, turnaround documents will be eliminated, and the billing process will be significantly enhanced.

In the effort to reduce paper consumption, the center continued to eliminate printed computer reports by converting them to electronic Adobe PDF files. The central office and counties are able to retrieve and review their reports through Lotus Notes/Domino and/or the Internet. This new system of report distribution has saved countless clerical hours and postage since it was instituted.

Seeing the need for increased involvement and guidance from CSC in all department computer systems, the state health officer approved the creation of a new project management position to work closely with the various bureaus to successfully plan, acquire, test and implement their desired computer systems. The new project management office successfully implemented two new contract provided systems for Licensing and Certification and Emergency Medical Services. Both systems automate the flow of work within these offices and enhance management oversight and control.

The new project management function began the acquisition of a new laboratory information system for the Bureau of Clinical Laboratories. This new project is expected to take about 15 months from start to completion of implementation and is well underway.

The department must become compliant with the Health Insurance Portability and Accountability Act in the near future. The project management function of the center began detailed planning and preparation to implement it over the next two years. In response to this need, higher levels of security were placed on all mainframe access files through a tool called "RACE." This required an extensive revision to the procedures for user identifications, passwords and file access controls.

The center completed the project and tight security is now in place to control access and prevent security lapses.

The hardware supporting the Center for Health Statistics, called an AS/400, reached the point at which it had to be upgraded. Three optical data servers were replaced with two newer models and increased storage capacity for images of vital events from 564 to 2,682 gigabytes. CSC also transferred over 10 million images from the old to new data servers in six weeks with no disruption in the issuance of certified documents statewide.

The Technical Support Division enhanced or added many new features to the hardware and network infrastructure used throughout the department. A few examples of the

enhancements include upgrading the anti-virus software to enterprise edition which improved the computer virus defense for the department; implemented express installs for new computers which shortened delivery times; upgraded all servers located in the clinics and installed printers for bioterrorism alerts throughout the state. The

<b>CSC Support Systems</b>	
<b>Category</b>	<b>Quantities</b>
Help Desk Calls .....	7123
Software Development Requests .....	1314
Personal Computers Supported .....	2000
Personal Computers Installed .....	500
County Support Trips .....	1992

### Portfolio of Current Information Systems

<b>Name</b>	<b>Program Purpose</b>	<b>Date Supported</b>	<b>Installed</b>
PHALCON (Public Health of Alabama County Operations Network)	Clinic System	WIC, Family Health, Disease Control	1999
Lotus Notes	E-mail, Calendaring	All	1996
Care Coordination System	Capture data for case management patients	Case Management	1990
HCIS (Home Care Information System)	In Home Patient Care System	Home Health	1991
Community Based Waiver System	Elderly and Disabled Care Support System	Community Based Waiver	1994
IRIS (now ImmPRINT)	Internet based immunization registry system	Immunization	1996
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
HRS (Human Resource System)	Maintain personnel information	Personnel	1990
Vital Records Information System	Collect, maintain and issue vital records	Health	1994
AFNS (Advantage Financial System)	Maintain financial information	Finance	1988
Cost Accounting	Reimbursement justification	Finance	1990
Billing	Medicaid billing for ADPH services	Family Health, Case Management	1988
CHIP (Child Health Insurance Program)	Enrollment System for the ALL KIDS Child Health Insurance Program	Child Health Insurance Program	2000
Death Tracking System	Track death certificates	Health Statistics	2001
Reports Databases	Distribute electronic reports	All	2000
Health Provider Standards Imaging Project	Digitally store and retrieve surveys	Health Provider Standards	2001



# BUREAU OF FINANCIAL SERVICES

Bureau of Financial Services provides accounting, accounts receivable, payroll, third party collections, purchasing, budgeting, production planning, and administrative support to accomplish its goals in financial accounting, reporting, and management.

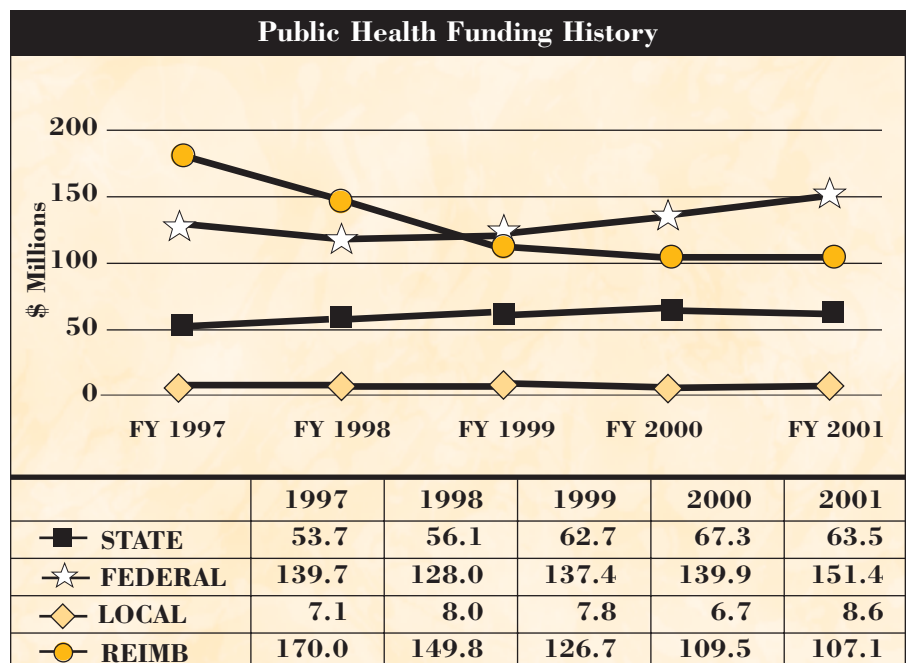
In addition, financial management services were provided for the Alabama Public Health Care Authority in 1995 which enabled the selling of bonds in 1996 for construction or renovation of inadequate facilities.

During 1997, 1998, 1999, and 2000, land was acquired by counties identified with the greatest need. Groundbreaking ceremonies were held and facilities were designed for construction. Twenty-

eight facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, Elmore, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Morgan, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumpter, Talladega, and Tallapoosa counties.

During fiscal year 2001, the DeKalb County facility was completed and occupied. DeKalb County is the authority's final project from the original bond issue.

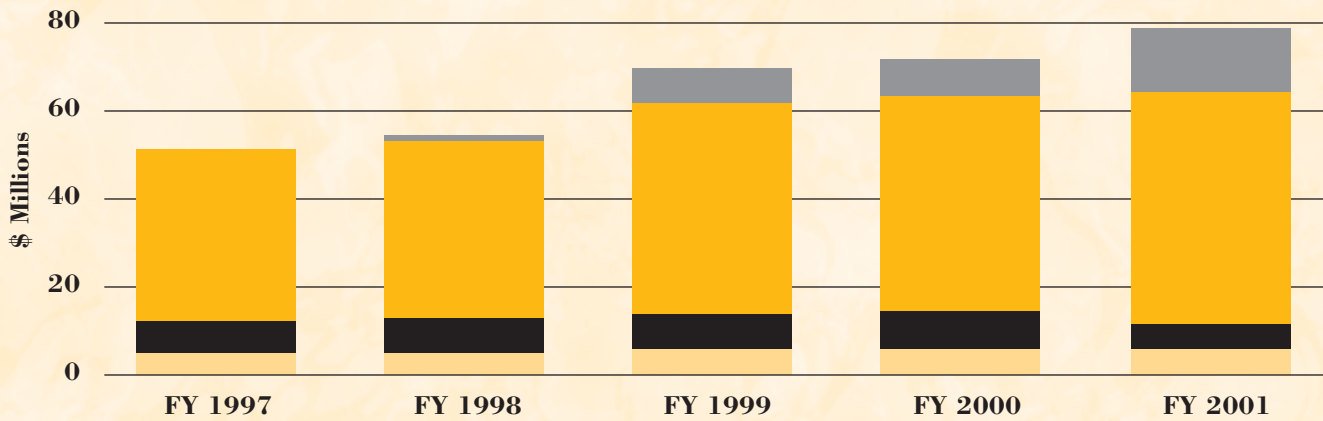
Economic financial management and cooperation by local governments and the department have enabled the majority of counties identified to renovate inadequate facilities or construct new ones.



Excludes Children's Health Insurance Program & Children First Fund.  
State funds include General Fund, Education Trust Fund, Cigarette Tax and ALERT Fund.



### Public Health Funding, General Fund and Education Trust Fund

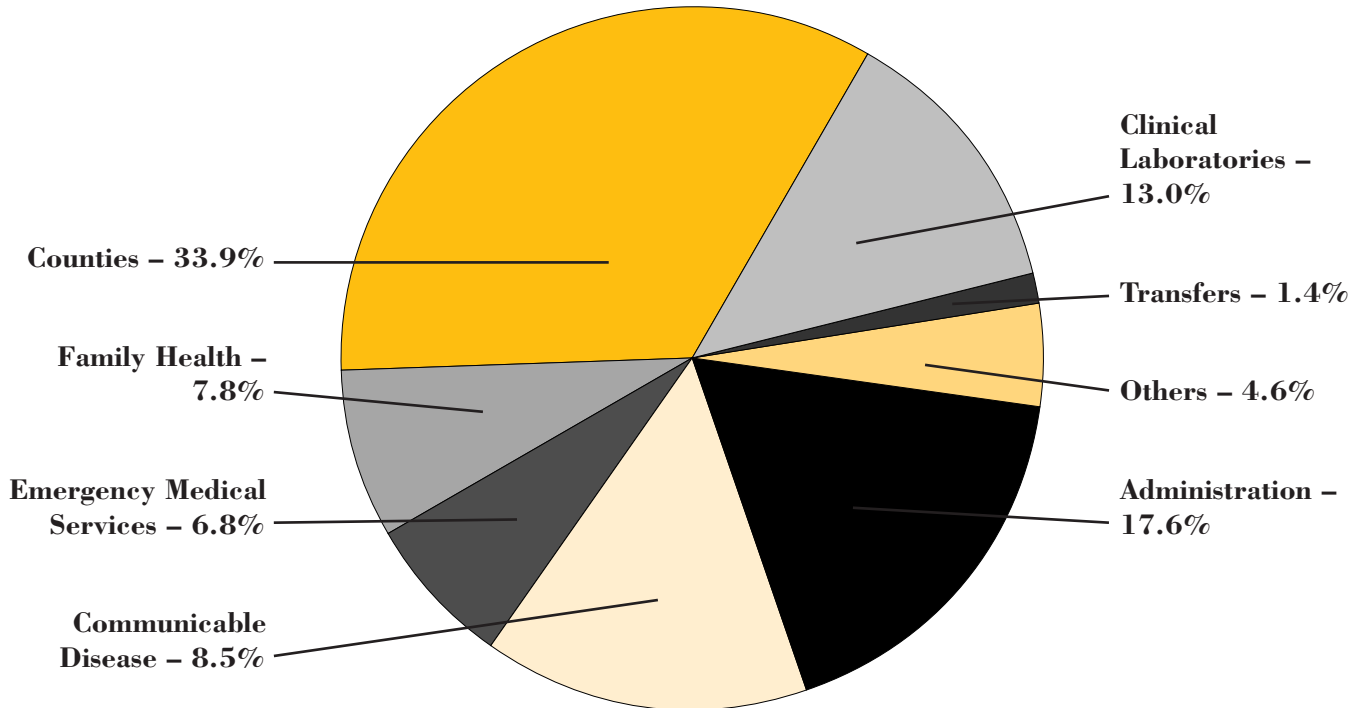


	1997	1998	1999	2000	2001
ETF - EMS	4.6	4.6	4.8	4.6	4.3
ETF - Health	10.7	11.5	12.1	12.6	10.2
GF - Health	36.9	38.4	44.4	45.5	48.7
GF - CHIP	0.0	1.5	8.5	9.0	16.2

FY 98 ETF funding is from General Fund.

FY 99 Children's Health Insurance Program includes \$3.5 carry forward from FY 98.

### Use Of State Funds – FY 2001 General Fund and Education Trust Fund Only (\$63.2 Million)



Excludes Children's Health Insurance Program & Children First Fund.

# OFFICE OF PERSONNEL AND STAFF DEVELOPMENT

*The Office of Personnel and Staff Development provides guidance and support in processing requests for personnel actions such as new hires, promotions, transfers, dismissals, leave reports, performance appraisals and disciplinary actions. The office also coordinates the department's State Employee Injury Compensation Trust Fund Program to ensure injured workers are appropriately submitted on the payroll report.*

## 2001 Service Activities

- Designed brochure for recruitment activities to attract candidates for employment with the department.
- Conducted "Interview and Selection" training of approximately 42 supervisors.
- Assisted in producing orientation video which was sent to each location to be shown to every new employee providing an overview of the purpose and the operation of the department.
- Offered a mediation pilot program as an option in resolving disputes between employees and/or supervisors.
- Revised the department's Employee Handbook.
- Revised several personnel policies including the policy for completion of the Employee Performance Appraisal Forms to requiring the review of specific departmental rules and policies at the annual performance appraisal review.
- Implemented Bereavement Leave law which provides time off for the death of a family member as outlined in the law, and designed a form for coding such leave.

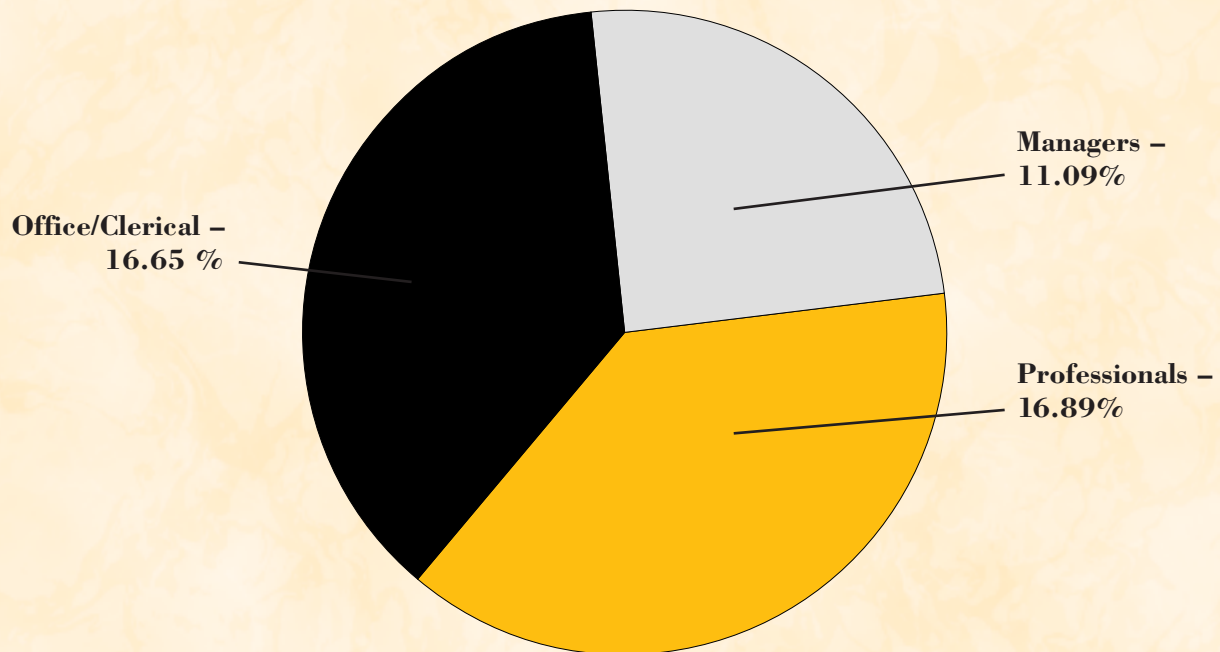


Alabama Department of Public Health Employees 2000 vs. 2001		
Category	As of Dec. 2000	As of Dec. 2001
Officials/Administrators	701	749
Professionals	902	952
Technicians	67	83
Protective Service Workers	3	1
Paraprofessionals	1,020	999
Admin. Support/Clerical	825	858
Skilled Craft	7	7
Service Maintenance	91	84
<b>OVERALL TOTALS*</b>	<b>3,616</b>	<b>3,733</b>

\* Excluding Contract Employees.

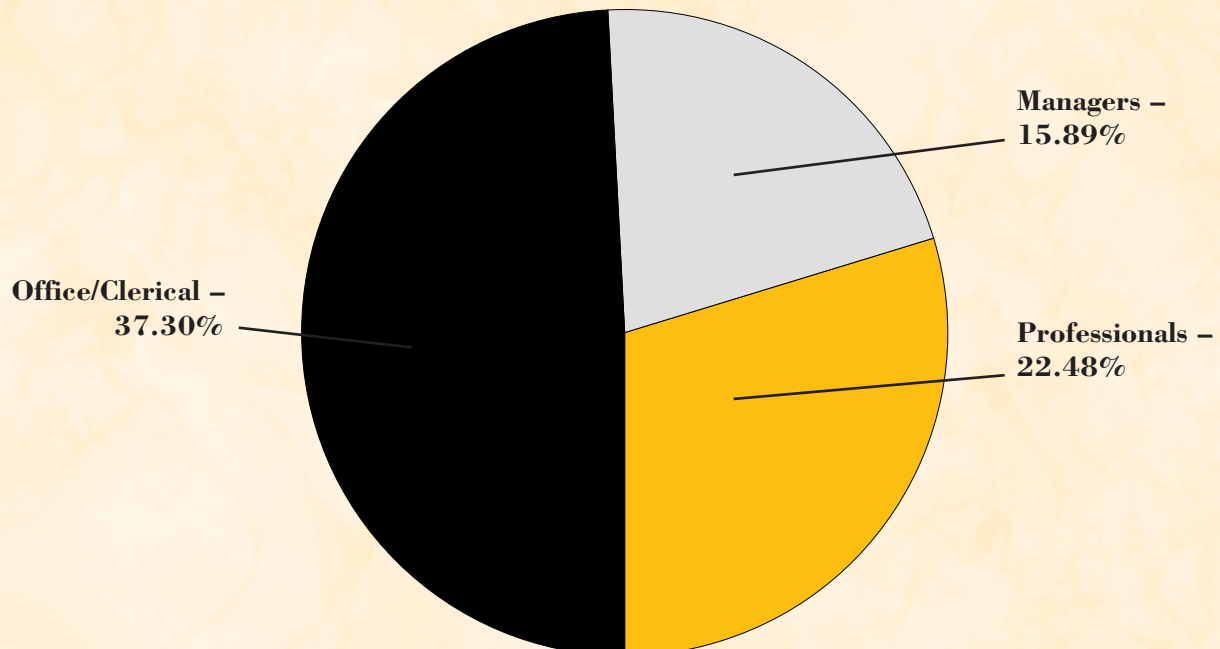
## ADPH 2001 Department Work Force Comparison

**Alabama Labor Market**



**Alabama Labor Market Total Average Minority Employment = 22.83%**

**ADPH Minority Employment**



**Departmental Minority Employment as of December 2001 = 35.55% Consisting of 1,327 Minority Employees**

# OFFICE OF PROGRAM INTEGRITY

The Office of Program Integrity serves the state health officer to provide assurances regarding the integrity of the Department's financial systems, compliance with federal audit requirements and compliance with applicable state laws and regulations.

During 2001, the Office of Program Integrity continued its mission of objective evaluations of county health departments in the areas of financial and administrative activities and expanded audit activities to include functions and programs operated at the central office. External contract agencies providing WIC services were audited as well as regional emergency management services agencies.

In addition to routine audit services, Program Integrity staff responded to requests to evaluate existing internal controls, to monitor results of newly implemented procedures for the Plan *first* Program, to conduct facility reviews at health care authority sites and to participate with other units and consultants to assess the status of Health Insurance Portability and Accountability Act compliance.

**State Activities Conducted in 2001 Compared to 2000**

	2000	2001
Financial/Administrative Audits Property Audits	22	23
County health departments	22	27
State level sites	0	8
External WIC sites Federal Program Audits	9	10
County health departments	21	19
External WIC sites	9	10
WIC Training Center site	0	1
Home Health County Audit Projects EMS Agency Audits	1	0
State level	0	1
Regional agencies	1	2
State Level Projects	2	2





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# **ALABAMA DEPARTMENT OF PUBLIC HEALTH**

## **MAILING AND STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS**

**February 12, 2002**

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 1</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Roger Norris, Area Adm.	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tuscumbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN-</b>				
Karen M. Landers, M.D., AHO	Box 100, Russellville 35653-0100	256-332-2700	332-1563	300 E. Limestone St., Russellville 35653-2448
<b>LAUDERDALE-</b>				
Karen M. Landers, M.D., AHO	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
<b>MARION-</b>				
Roger Norris, Area Adm.	Box 158, Hamilton 35570-0158	205-921-3118	921-7954	2448 Military St. South, Hamilton 35570
HOME HEALTH OFFICE	Box 158, Hamilton 35570-0158	205-921-2859	921-7282	2448 Military St. South, Hamilton 35570
Winfield Branch (open Thurs. only)	Box 158, Hamilton 35570-0158	205-487-3688		Winfield Community Center, Winfield
<b>WALKER-</b>				
Roger Norris, Area Admin.	Box 3207, Jasper 35502-3207	205-221-9775	221-8810	705 20th Avenue East, Jasper 35502-3207
<b>WINSTON-</b>				
Roger Norris, Area Adm.	Box 1029, Double Springs 35553-1029	205-489-2101	489-2634	24714 Hwy. 195, South, Double Springs 35553
HOME HEALTH OFFICE	Box 1047, Haleyville 35565-1047	205-486-3159	486-3673	2324 14th Ave., Haleyville 35565
HALEYVILLE BRANCH (Open Tuesday and Thursday only)	Box 1047, Haleyville 35565-1047	205-486-2479	486-8764	2324 14th Ave., Haleyville 35565
<b>PUBLIC HEALTH AREA 2</b>				
Ron Grantland, Acting Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
<b>CULLMAN-</b>				
Tony Williams, M.D., LHO	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
Ron Grantland, Acting Area Adm.	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
HOME HEALTH OFFICE	Box 1086, Cullman 35056	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
ENVIRONMENTAL OFFICE	Box 1678, Cullman 35056-1678	256-734-0243	737-9646	601 Logan Ave., S.W., Cullman 35055
<b>JACKSON-</b>				
Ron Grantland, Acting Area Adm.	Box 398, Scottsboro 35768-0398	256-259-4161	259-1330	204 Liberty Ln., Scottsboro 35769-4133
HOME HEALTH OFFICE	Box 398, Scottsboro 35768-0398	256-259-3694	574-4803	204 Liberty Ln., Scottsboro 35769-4133
ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE-</b>				
Tony Williams, M.D., LHO	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
Ron Grantland, Acting Area Adm.	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
HOME HEALTH OFFICE	Box 308, Moulton 35650-0308	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308	256-974-8849	974-7073	13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE-</b>				
Ron Grantland, Acting Area Adm.	Box 889, Athens 35612	256-232-3200	232-6632	310 West Elm St., Athens 35611
HOME HEALTH OFFICE	Box 69, Athens 35612	256-230-0434	230-9289	110 Thomas St., Athens 35611
<b>MADISON-</b>				
Lawrence L. Robey, M.D., LHO	Box 467, Huntsville 35804-0467	256-539-3711	536-2084	304 Eustis Ave., S.E., Huntsville 35801-3118
ENVIRONMENTAL OFFICE	Box 467, Huntsville 35804-0467	256-539-8101	535-6545	311 Green St., Huntsville 35801
<b>MARSHALL-</b>				
Ron Grantland, Acting Area Adm.	Drawer 339, Guntersville 35976	256-582-3174	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
HOME HEALTH OFFICE	Drawer 978, Guntersville 35976	256-582-8425	582-0829	4200-A, Hwy. 79, S., Guntersville 35976
ENVIRONMENTAL OFFICE	Drawer 339, Guntersville 35976	256-582-4926	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
WIC CLINIC	Drawer 339, Guntersville 35976	256-582-7381	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
<b>MORGAN-</b>				
Ron Grantland, Acting Area Adm.	Box 1628, Decatur 35602-1628	256-353-7021	353-7901	510 Cherry St. N.E., Decatur 35602
HOME HEALTH OFFICE	Box 2105, Decatur 35602-2105	256-306-2400	353-6410	201 Gordon Dr., S.E., Ste. 107., Decatur 35601
ENVIRONMENTAL OFFICE	Box 1866, Decatur 35602-1866	256-340-2105	353-7901	510 Cherry St. N.E., Decatur 35602
<b>PUBLIC HEALTH AREA 3</b>				
Albert T. White, Jr., M.D., AHO	Box 70190, Tuscaloosa 35407	205-345-4131	759-4039	1200 37th St. East, Tuscaloosa 35405
William W. Denton, Area Adm.	Box 70190, Tuscaloosa 35407	205-554-4501	556-2701	1200 37th St. East, Tuscaloosa 35405
<b>BIBB-</b>				
William W. Denton, Area Adm.	Box 126, Centreville 35042-1207	205-926-9702	926-6536	281 Alexander Ave., Centreville 35042
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>FAYETTE-</b>				
William W. Denton, Area Adm.	Box 351, Fayette 35555-0351	205-932-5260	932-3532	211 First St., N.W., Fayette 35555-2550
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-932-3963	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>GREENE-</b>				
J. Fred Grady, Asst. Area Adm.	Box 269, Eutaw 35462-0269	205-372-9361	372-9283	412 Morrow Ave., Eutaw 35462-1109
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>LAMAR-</b>				
William W. Denton, Area Adm.	Box 548, Vernon 35592-0548	205-695-9195	695-9214	300 Springfield Rd., Vernon 36692
HOME HEALTH OFFICE	Box 548, Vernon 35592-0548	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>PICKENS-</b>				
J. Fred Grady, Asst. Area Adm.	Box 192, Carrollton 35447-9599	205-367-8157	367-8374	Hospital Drive, Carrollton 35447-9599
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>TUSCALOOSA-</b>				
J. Fred Grady, Asst. Area Adm.	Box 2789, Tuscaloosa 35403	205-345-4131	759-4039	1101 Jackson Ave., Tuscaloosa 35401
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
ENVIRONMENTAL OFFICE	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	1200 37th St. East, Tuscaloosa 35405

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b>				
Michael E. Fleenor, M.D., AHO	Box 2648, Birmingham 35202-2648	205-933-9110	930-0243	1400 Sixth Ave. S., Birmingham 35233-1502
Michael E. Fleenor, M.D., LHO	Box 2648, Birmingham 35202-2648	205-930-1500	930-0243	1400 Sixth Ave. S., Birmingham 35233-1502
Gwen Veras, Area Adm.	Box 2648, Birmingham 35202-2648	205-930-1510	930-1576	1400 Sixth Ave. S., Birmingham 35233-1502
BESSEMER HEALTH CENTER	2201 Arlington Ave., Bessemer 35020-4299	205-424-6001	426-1410	2201 Arlington Ave., Bessemer 35020-4299
CENTRAL HEALTH CENTER	1400 Sixth Ave., S., Birmingham 35233-1598	205-933-9110	930-1350	1400 Sixth Ave. S., Birmingham 35233-1502
CHRIS MCNAIR HEALTH CENTER	1308 Tuscaloosa Ave. S.W., Birmingham 35211	205-715-6121	715-6173	1308 Tuscaloosa Ave. S.W., Birmingham 35211
EASTERN HEALTH CENTER	5720 First Ave., S., Birmingham 35212-2599	205-591-5180	591-6741	5720 First Ave., S., Birmingham 35212-2599
LEEDS HEALTH CENTER	210 Park Drive, Leeds 35094-1846	205-699-2442	699-8406	210 Park Drive, Leeds 35094-1846
MORRIS HEALTH CENTER	Box 272, Morris 35116-0272	205-647-0572	647-0109	586 Morris Majestic Rd., Morris 35116-1246
NORTHERN HEALTH CENTER	2817-30th Ave., N., Birmingham 35207-4599	205-323-4548	521-6851	2817-30th Ave., North, Birmingham 35207-4599
WESTERN HEALTH CENTER	1700 Ave. E. Ensley, Birmingham 35218-1543	205-788-3321	785-8495	1700 Ave. E. Ensley, Birmingham 35218-1543
WESTERN M H CENTER	1701 Ave. D. Ensley, Birmingham 35218-1532	205-788-7552	788-7552	1701 Ave. D. Ensley, Birmingham 35218-1532
<b>PUBLIC HEALTH AREA 5</b>				
Mary Gomillion, Area Adm.	Box 267, Centre 35960	256-927-7000	927-7068	833 Cedar Bluff Rd., Centre 35960
Jane Burt, Asst. Area Adm.	Box 267, Centre 35960	256-927-7000	927-7068	833 Cedar Bluff Rd., Centre 35960
AREA 5 HOME HEALTH HEADQTRS	Box 681106, Ft. Payne 35968	256-845-6020	845-0035	2401 Calvin Dr., S.W., Ft. Payne 35967
<b>BLOUNT-</b>				
Jane Burt, Asst. Area Adm.	Box 208, Oneonta 35121-0004	205-274-2120	274-2210	1001 Lincoln Ave., Oneonta 35121
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 S. 8th Street, Gadsden 35902
LIFE CARE OFFICE	1001 Lincoln Ave., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
ENVIRONMENTAL OFFICE	Box 208, Oneonta 35121-0004	250-274-2120	274-2575	1001 Lincoln Ave., Oneonta 35121
<b>CHEROKEE-</b>				
Jane Burt, Asst. Area Adm.	Box 176, Centre 35960-0176	256-927-3132	927-2809	833 Cedar Bluff Road, Centre 35960
HOME HEALTH OFFICE	Box 680347, Ft. Payne 35968	256-845-8680 or 1-800-732--9206	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
LIFE CARE OFFICE	Box 347, Ft. Payne 35968	256-845-8685 or 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
<b>DEKALB-</b>				
Jane Burt, Asst. Area Adm.	Box 680347, Ft. Payne 35968	256-845-1931	845-2967	2401 Calvin Dr., S.W., Ft. Payne 35967
HOME HEALTH OFFICE	Box 680347, Ft. Payne 35968	256-845-8680 or 1-800-732-9206	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	256-845-8685 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
ENVIRONMENTAL OFFICE	Box 347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr., S.W., Ft. Payne 5967
<b>ETOWAH-</b>				
Mary Gomillion, Area Adm.	Box 555, Gadsden 35902-0555	256-547-6311	549-1579	109 South 8th St., Gadsden 35901-2454
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	1001 Lincoln Ave., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
<b>ST. CLAIR-</b>				
Mary Gomillion, Area Adm.	Box 627, Pell City 35125	205-338-3357	338-4863	1175 23rd St. N., Pell City 35125
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	205-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	1001 Lincoln Ave., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
Satellite Clinic (Wednesday only)	P.O. Box 249, Ashville 35953	205-594-7944	594-7588	411 N. Gadsden Hwy., Ashville 35953
<b>SHELBY-</b>				
Mary Gomillion, Area Adm.	Box 846, Pelham 35124	205-664-2470	664-4148	2000 County Services Dr., Pelham 35124
ENVIRONMENTAL OFFICE	Box 846, Pelham 35124	205-620-1650	664-3411	2000 County Services Dr., Pelham 35124
<b>PUBLIC HEALTH AREA 6</b>				
Teresa A. Childers, Area Adm.	Box 4699, Anniston 36204-4699	256-236-3274	237-7974	3400 McClellan Blvd., Anniston 36201
<b>CALHOUN-</b>				
Donald Bain, Asst. Area Adm	Box 4699, Anniston 36204-4699	256-237-7523	238-0851	3400 McClellan Blvd., Anniston 36201
ENVIRONMENTAL OFFICE	Box 4699, Anniston 36204-4699	256-237-4324	238-0851	3400 McClellan Blvd., Anniston 36201
<b>CHAMBERS-</b>				
Donald Bain, Asst. Area Adm.	5 North Medical Park Dr., Valley 36854	334-756-0756	756-0765	5 North Medical Park Dr., Valley 36854
LaFayette Clinic (WIC only Thursday)	5 North Medical Park Dr., Valley 36854	334-7864-8834	864-8805	18 Alabama Ave. East, LaFayette 36854
<b>CLAY-</b>				
Teresa Childers, Area Adm.	86892 Hwy. 9, Lineville 36266	256-396-6421	396-9172	86892 Hwy. 9, Lineville 36266
HOME HEALTH OFFICE	86892 Hwy. 9, Lineville 36266	256-396-9307	396-9236	86892 Hwy. 9, Lineville 36266
<b>CLEBURNE-</b>				
Donald Bain, Asst. Area Adm.	Box 36, Heflin 36264-0036	256-463-2296	463-2772	Brockford Road, Heflin 36264-1605
<b>COOSA-</b>				
Teresa Childers., Area Adm.	Box 219, Rockford 35136-0235	256-377-4364	377-4354	Main Street, Rockford 35136
<b>RANDOLPH-</b>				
Donald Bain, Asst. Area Adm.	468 Price St., Roanoke 36274	334-863-8981	863-8975	468 Price St., Roanoke 36274
HOME HEALTH OFFICE	3882 Hwy. 431, Roanoke 36274	334-863-8983	863-4871	3882 Hwy. 431, Roanoke 36274
WEDOWEE SATELITE (Open Tues. P.M. & Wed.)	468 Price St., Roanoke 36274	256-357-4764		Randolph County Court House, Wedowee 36278
<b>TALLADEGA-</b>				
Teresa Childers, Area Adm.	501 W. South St., Talladega 35160	256-362-2593	362-0529	501 W. South St., Talladega 35160
HOME HEALTH OFFICE	311 North Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 North Elm Ave., Sylacauga 35150
SYLACAUGA CLINIC	311 North Elm Ave., Sylacauga 35150	256-249-3807	245-0169	311 North Elm Ave., Sylacauga 35150
<b>TALLAPOOSA-</b>				
Teresa Childers, Area Adm.	2078 Sportplex Blvd., Alexander City 35010	256-329-0531	329-1798	2078 Sportplex Blvd., Alexander City 35010
DADEVILLE CLINIC	Box 125, Dadeville 36853-0125	256-825-9203	825-6546	220 LaFayette St., Dadeville 36853

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b>				
Ruth Underwood, Acting Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
<b>CHOCTAW--</b>				
Ashvin Parikh, Asst. Area Adm.	1001 S. Mulberry Ave., Butler 36904-0629	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
HOME HEALTH OFFICE	1001 S. Mulberry Ave., Butler 36904-0629	205-459-4011	459-4016	1001 South Mulberry Ave., Butler 36904
ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904-0629	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
<b>DALLAS--</b>				
Ashvin Parikh, Asst. Area Adm.	100 Sam O. Moseley Dr., Selma 36702-0330	334-874-2550	875-7960	100 Sam O. Moseley Dr., Selma 36702-0330
HOME HEALTH OFFICE	100 Sam O. Moseley Dr., Selma 36702-0330	334-872-2323	872-0279	100 Sam O. Moseley Dr., Selma 36702-0330
ENVIRONMENTAL OFFICE	100 Sam O. Moseley Dr., Selma 36702-0330	334-872-5887	872-4948	100 Sam O. Moseley Dr., Selma 36702-0330
<b>HALE--</b>				
Ashvin Parikh, Asst. Area Adm.	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	1102 N. Centerville St., Greensboro 36744-0087
HOME HEALTH OFFICE	Box 87, Greensboro 36744-0087	334-624-3657	205-652-2366	1102 N. Centerville St., Greensboro 36744-0087
ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	1102 N. Centerville St., Greensboro 36744-0087
<b>LOWNDES--</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 35, Hayneville 36040-0035	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
HOME HEALTH OFFICE	Box 35, Hayneville 36040-0035	334-548-5345	548-5424	507 Montgomery Hwy., Hayneville 36040
<b>MARENGO--</b>				
Ashvin Parikh, Asst. Area Adm.	Box 480877, Linden 36748-0877	334-295-4205	295-0124	303 Industrial Drive, Linden 36748-0877
HOME HEALTH OFFICE	Box 480877, Linden 36748-0877	334-295-0000	205-459-4016	303 Industrial Drive, Linden 36748-0877
ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
<b>PERRY--</b>				
Ashvin Parikh, Area Adm.	Box 119, Marion 36756-0119	334-683-6153	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
HOME HEALTH OFFICE	Box 119, Marion 36756-0119	334-683-8084	872-0279	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
ENVIRONMENTAL OFFICE	Box 119, Marion 36756-0119	334-683-6153	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
UNIONTOWN SATELLITE (Open T., W.)	Box 119, Marion 36756-0119	334-628-6226	628-3018	200 North St., Uniontown 36786
<b>SUMTER--</b>				
Ashvin Parikh, Asst. Area Adm.	P. O. Drawer 340, Livingston 35470	205-652-7972	652-7919	1121 N. Washington St., Livingston 35470
HOME HEALTH OFFICE	P. O. Drawer 340, Livingston 35470	205-652-2273	652-2366	1121 N. Washington St., Livingston 35470
ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470-0340	205-652-7972	652-7919	1121 N. Washington St., Livingston 35470
<b>WILCOX--</b>				
Ziba Anderson, Asst. Area Adm.	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
HOME HEALTH OFFICE	Box 547, Camden 36726-0547	334-682-5122	872-0279	
ENVIRONMENTAL OFFICE	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b>				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231 N., Wetumpka 36092	334-567-1165	514-5832	6501 U.S. Hwy 231 N., Wetumpka 36092
<b>AUTAUGA--</b>				
Bobby H. Bryan, Area Adm.	219 N. Court, Prattville 36067	334-361-3743	361-3718	219 N. Court St., Prattville 36067
HOME HEALTH OFFICE	219 N. Court, Prattville 36067	334-361-3753	361-3806	219 N. Court St., Prattville 36067
<b>BULLOCK--</b>				
Ron Wheeler, Asst. Area Adm.	Drawer 430, Union Springs 36089-0430	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089-1317
<b>CHILTON--</b>				
James R. Martin, Asst Area Adm.	Box 1778, Clanton 35045-1778	205-755-1287	755-2027	301 Health Ctr. Dr., Clanton 36405
LIFE CARE OFFICE	Box 1778, Clanton 35045-1778	205-755-8407	755-8432	301 Health Ctr. Dr., Clanton 36405
<b>ELMORE--</b>				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE--</b>				
Bobby H. Bryan, Area Adm.	1801 Corporate Dr., Opelika 36801	334-745-5765	745-9830	1801 Corporate Dr., Opelika 36801
LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801	334-745-5293	745-9825	1801 Corporate Dr., Opelika 36801
<b>MACON--</b>				
James R. Martin, Asst. Area Adm.	Box 830180, Tuskegee 36083-0180	334-727-1800	727-7100	812 Hospital Rd., Tuskegee 36083
LIFE CARE OFFICE	Box 830180, Tuskegee 36083-0180	334-727-1888	727-1874	812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY--</b>				
James R. Martin, Asst Area Adm.	3060 Mobile Hwy., Montgomery 36108	334-293-6400	293-6410	3060 Mobile Hwy., Montgomery 36108
HOME HEALTH OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6525	293-6402	3060 Mobile Hwy., Montgomery 36108
ENVIRONMENTAL OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6456		3060 Mobile Hwy., Montgomery 36108
LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL--</b>				
James R. Martin, Asst. Area Adm.	Box 548, Phenix City 36868-0548	334-297-0251	291-5478	1850 Crawford Rd., Phenix City 36867
HOME HEALTH OFFICE	Box 548, Phenix City 36868-0548	334-298-5581	291-0498	1850 Crawford Rd., Phenix City 36867

TO AVOID SPLITTING AREA LIST, PUBLIC HEALTH AREA 9 BEGINS ON PAGE 4.



AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b>				
Ruth Underwood, Area Admin.	Box 1227, Robertsdale 36567	251-947-6206	947-6262	22070 Highway 59, Robertsdale 36567
<b>BALDWIN-</b>				
Charles Watterson, Asst. Area Adm.	Box 369, Robertsdale 36567-0369	251-947-7015	947-5703	23280 Gilbert Dr., Robertsdale 36567
ENVIRONMENTAL OFFICE	Box 369, Robertsdale 36567-0369	251-947-3618	947-3557	23280 Gilbert Dr., Robertsdale 36567
BAY MINETTE BRANCH	Box 160, Bay Minette 36507	251-937-0217	937-0391	257 Hand Ave., Bay Minette 36507-0547
<b>BUTLER-</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 339, Greenville 36037	334-382-3154	382-3530	350 Airport Rd., Greenville 36037
GEORGIANA SATELLITE (Open Tues. & Fri.)	Box 339, Greenville 36037			Jones Street, Georgiana 36033
<b>CLARKE-</b>				
Ruth Underwood, Area Adm.	Box 477, Grove Hill 36451	251-275-3772	275-4253	140 Clark Street, Grove Hill 36451
ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451	251-275-4177	275-8066	120 Court Street, Grove Hill 36451
<b>CONECUH-</b>				
Charles Watterson, Asst. Area Adm.	Box 110, Evergreen 36401	251-578-1952	578-5566	526 Belleville St., Evergreen 36401
HOME HEALTH OFFICE	Box 110, Evergreen 36401	251-578-5265	578-5679	101 Court Street, Evergreen 36401
ENVIRONMENTAL OFFICE	Box 110, Evergreen 36401	251-578-9729	578-5679	101 Court Street, Evergreen 36401
<b>COVINGTON-</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 186, Andalusia 36420-0186	334-222-1175	222-1560	County Road 56, Andalusia 36420
OPP SATELLITE (Open Tues. Only)	Box 186, Andalusia 36420-0186	334-493-9459		108 N. Main Street, Opp 36467
LIFE CARE OFFICE	Box 186, Andalusia 36420-0186	334-222-5970	222-1560	County Road 56, Andalusia 36420
ENVIRONMENTAL OFFICE	Box 186, Andalusia 36420-0186	334-222-1585	222-1560	County Road 56, Andalusia 36420
<b>ESCAMBIA-</b>				
Charles Watterson, Asst. Area Adm.	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ENVIRONMENTAL OFFICE	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ATMORE BRANCH	8600 Hwy. 31 N., Suite 17, Atmore 36502	251-368-9188	368-9189	8600 Hwy. 31 North, Atmore 36502
<b>MONROE-</b>				
Ruth Underwood, Area Adm.	416 Agriculture Dr., Monroeville 36460	251-575-3109	575-7935	416 Agriculture Drive, Monroeville 36460
HOME HEALTH OFFICE	416 Agriculture Dr., Monroeville 36460	251-575-2980	575-2144	416 Agriculture Drive, Monroeville 36460
ENVIRONMENTAL OFFICE	416 Agriculture Dr., Monroeville 36460	251-575-7034	575-7935	416 Agriculture Drive, Monroeville 36460
<b>WASHINGTON-</b>				
Ruth Underwood, Area Adm.	Box 690, Chatom 36518	251-847-2245	847-3480	2024 Granade Ave., Chatom 36518
HOME HEALTH OFFICE	Box 690, Chatom 36518	251-847-2257	847-3299	2024 Granade Ave., Chatom 36518
ENVIRONMENTAL OFFICE	Box 690, Chatom 36518	251-847-2245	847-3480	2024 Granade Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b>				
Russell Killingsworth, Area Adm.	P. O. Box 1055, Slocomb 36375-1055	334-886-2390	886-2842	465 S. Kelly, Slocomb 36375
<b>BARBOUR-</b>				
Ron Wheeler, Asst. Area Adm.	Box 238, Eufaula 36027-0238	334-687-4808	687-6470	133 N. Orange St., Eufaula 36027-1619
HOME HEALTH OFFICE	Box 217, Clayton 36016-0217	334-775-9044	775-9129	25 North Midway Street, Clayton 36016
CLAYTON BRANCH	Box 217, Clayton 36016-0217	334-775-8324	775-3432	41 North Midway Street, Clayton 36016
<b>COFFEE-</b>				
Russell Killingsworth, Asst. Area Adm.	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-7104	2841 Neal Metcalf Rd., Enterprise 36330
HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-3124	
<b>CRENSHAW-</b>				
Ron Wheeler, Asst. Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE-</b>				
Russell Killingsworth, Asst. Area Adm.	Box 1207, Ozark 36361-1207	334-774-5146	774-2333	200 Katherine Ave., Ozark 36360
<b>GENEVA-</b>				
Kenneth Ball, Asst. Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2257	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY-</b>				
Russell Killingsworth, Area Adm.	Box 86, Abbeville 36310-0086	334-585-2660	585-3036	505 Kirkland St., Abbeville 36310-2736
HEADLAND BRANCH	Box 175, Headland 36345-0175	334-693-2220	693-3010	2 Cable Street, Headland 36345-2136
<b>HOUSTON-</b>				
Peggy Blakeney, Asst. Area Adm.	Drawer 2087, Dothan 36302-2087	334-678-2800	678-2802	1781 E. Cottonwood Rd., Dothan 36301-5309
HOME HEALTH OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301-5309
ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE-</b>				
Ron Wheeler, Asst. Area Adm.	900 So. Franklin Dr., Troy 36081-3850	334-566-2860	670-0719	900 So. Franklin Dr., Troy 36081-3850
HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850	334-566-8002	670-0719	900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b>				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652-2867	251-690-8101	432-7443	251 N. Bayou St., Mobile 36603-1699
HOME HEALTH SERVICES	Box 2867, Mobile 36652-2867	251-690-8130	690-8907	248 Cox St., Mobile 36604
INSPECTION SERVICES	Box 2867, Mobile 36652-2867	251-634-9801	634-9806	1110 Schillinger Rd., Suite 200, Mobile 36608
SOCIAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8981	694-5004	251 N. Bayou St., Mobile 36603
WOMEN'S CLINIC	Box 2867, Mobile 36652-2867	251-690-8935	690-8929	1557 Springhill Ave., Mobile 36604
IMMUNIZATION OFFICE	Box 2867, Mobile 36652-2867	251-690-8883	690-8899	251 N. Bayou St., Mobile 36603
CALCEDEAVER CLINIC	Box 2867, Mobile 36652-2867	251-829-9884	829-9507	1080AA Red Fox Rd., Calcedaever 36560
CITRONELLE CLINIC	Box 2867, Mobile 36652-2867	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
EIGHT MILE CLINIC	Box 2867, Mobile 36652-2867	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
TEEN CENTER	Box 2867, Mobile 36652-2867	251-694-3954	694-5037	248 Cox St., Mobile 36604
SCHOOL BASED CLINIC	Box 2867, Mobile 36652-2867	251-456-2276	456-2205	800 Whitley St., Plateau 36610

AHO-AREA HEALTH OFFICER, LHO-LOCAL HEALTH OFFICER

NOTE: THE PRIMARY "MAILING ADDRESS" FOR COUNTY HEALTH DEPARTMENTS WITH MULTIPLE SITES IS THE FIRST LINE LISTED UNDER THE COUNTY NAME IN BOLD PRINT. ALL OTHER SITES SUCH AS HOME HEALTH, ETC., SHOULD BE SENT TO EACH SPECIFIC ADDRESS AS SHOWN ABOVE. "STREET ADDRESSES" ARE USED ONLY FOR PONY EXPRESS, FEDERAL EXPRESS, AND UPS DELIVERIES!

Please notify the Bureau of Health Promotion & Chronic Disease of changes or errors,  
The RSA Tower, Suite 900, 201 Monroe Street, Montgomery, AL 36104, Telephone 334-206-5300.

ADPH-BHPCD-PhRoster-6/2001-b

# ALABAMA DEPARTMENT OF PUBLIC HEALTH PUBLIC HEALTH AREAS

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## **PHA 1**

Karen Landers, M.D.,  
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Roger Norris, Area Administrator  
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(256) 383-1231

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## **PHA 2**

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*Acting Area Administrator*  
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## **PHA 3**

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*Area Administrator*  
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*Area Health Officer*  
Gwen Veras,  
*Area Administrator*  
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## **PHA 5**

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*Area Administrator*  
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## **PHA 6**

Teresa A. Childers,  
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## **PHA 7**

Ruth Underwood,  
*Area Administrator*  
Box 480280  
Linden, AL 36748-0280

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## **PHA 8**

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*Area Administrator*  
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## **PHA 9**

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## **PHA 10**

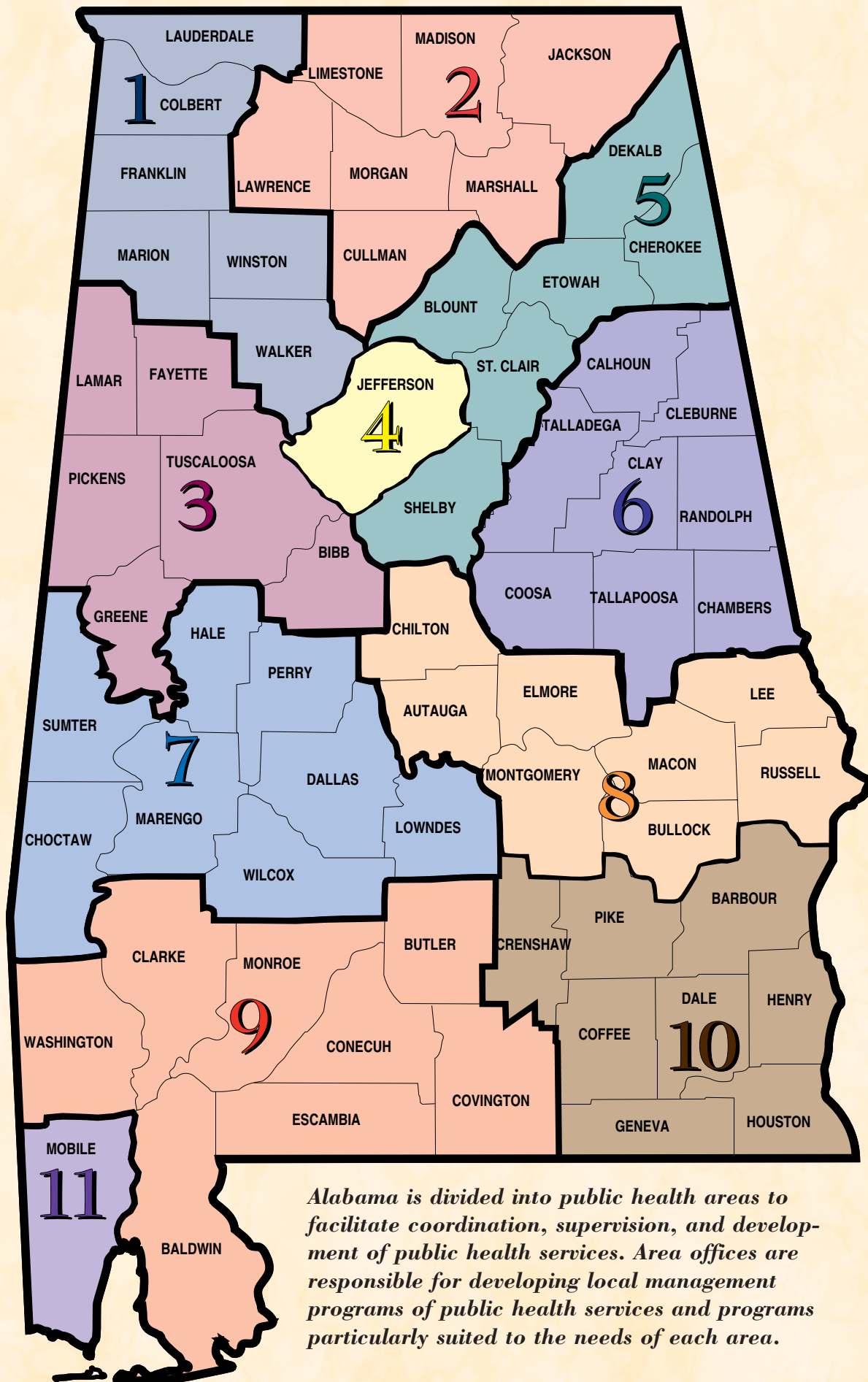
Russell Killingsworth,  
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Slocomb, AL 36375-1055  
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## **PHA 11**

Bernard H. Eichold, II, M.D.,  
*Area Health Officer*  
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*Alabama is divided into public health areas to facilitate coordination, supervision, and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.*



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